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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000095619 (9)

BRADENTON CARPET & TILE, INC.

Mailing Address Principal Place of Business 5612 14TH STREET WEST 5612 14TH STREET WEST **BRADENTON FL 34207-3609 BRADENTON FL 34207** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/01/1996 0/10/196 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0704213 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees $Z_{\rm IP}$ Country This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name BARNES, FRED L 5612 14TH STREET WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent tham familiar with and a cept the obligations of Section 607.0505, Florida Statutes. 3-31-97 INOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ICERS AND DIRECTORS 12. 13. Addition THLE DELETE 1.1 TITLE FRED L. BARNES 1.2 NAME NAME 56/2 144 St.W. 1.3 STREET ADDRESS STEEL ADOR BRAPENTON, FLA. 34207 1.4 CITY-ST-ZIP CITY- ST DELETE 21 TITLE Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-\$1-7P DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHY-S1-ZIP DELETE Change Addition TILLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TOLE 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition THE 61 TITLE

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAKNES 3-21-9/

Daytime Phone #

FILED

Apr 04 1997 8:00am

Secretary of State