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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000007740 (9)

FLOR-TEX, INC.



Principal Place of Business

Mailing Address

4882 JAYBIRD CIRCLE NORTH
JACKSONVILLE FL 32257

4882 JAYBIRD CIRCLE NORTH
JACKSONVILLE FL 32257-5267

2. Principal Place of Business

21 11700 San Jose Blvd

State, Apt. #, etc.

22 Suite #18

City & State

23 Jacksonville, FL

Zip Country

24 32246 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

01/25/1996

4. FEI Number

59-3355855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GREGORY, DEAN
4882 JAYBIRD CIRCLE NORTH
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer or director and typed or printed name)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Dean Gregory	1.2 NAME	
STREET ADDRESS	4882 Jaybird Circle North	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Jacksonville, FL 32257	1.4 CITY-STATE-ZIP	
TITLE	Vice-President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynda A. Gregory	2.2 NAME	
STREET ADDRESS	4882 Jaybird Circle North	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Jacksonville, FL 32257	2.4 CITY-STATE-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey L. Harbin	3.2 NAME	
STREET ADDRESS	14677 Midway Rd Ste 202	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Dallas, TX 75244	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual 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 of this report, or on an attachment with an address.

SIGNATURE: X

(Signature and typed or printed name of signing officer or director)

3/17/97

904-880-3878

CR2E034 (9/96)