## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600007827 (4)

Country

9. Name and Address of Current Registered Agent

25

WEBSTER, RONALD S 985 N. COLLIER BLVD.

MADOO ISLAND EL 22027

KIMBALL FLOOR COVERING, INC.

Principal Place of Business Mailing Address

575 ELKCAM CIR. 575 ELKCAM CIR. MARCO ISLAND FL 33937

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

## FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

X No

Yes

Not Applicable

3. Date Incorporated or Qualified

01/22/1996 4. FEI Number

65-0639178

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

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

MARCO ISLAND FL 33837			83	┼──						┪
			84	Cil	У	FL	85	Zip C	ode	
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its recisterer										П
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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE										
12.			13.		ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PT	☐ DELETE	1,1 TITLE			, [	Ch	ange	Addition	۱
NAME	KIMBALL, THOMAS E		1.2 NAME							-1;
STREET ADDRESS	710 AUSTIN CT.		1.3 STREET	T ADDR	ESS					li
CITY - ST - ZIP	MARCO ISLAND FL 33937		1.4 CITY-S							_
TITLE	VS	DELETE	2.1 TITLE				Ch	ange	Addition	7
NAME	KIMBALL, DANIEL M		2.2 NAME							
STREET ADDRESS	1429 BERMUDA	•	2.3 STREET	ADDR	ESS					ĺ
CITY-ST-ZIP	MARCO ISLAND FL 33937		2. 4 CITY-5	ST-ZIP	· İ.,					
TITLE		DELETE	3.1 TITLE				Ch	ange	Addition	ij
NAME			3.2 NAME							-
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CITY-ST-ZIP			3.4. CITY - S	ST-ZIP	· <u> </u>					ļ
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NAME		1	4. 2 NAME							1
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CITY - ST - ZIP			4.4 CITY-S	ST-ZIP						
TITLE		DELETE	5.1 TITLE				Ch	ange	Addition	П
NAME		J	5.2 NAME							-
STREET ADDRESS			5.3 STREET	ADDR	ESS					-
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP						1
TITLE		DELETE	6,1 TITLE				Cha	ange	Addition	П
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDR	ESS					1
City - ST - ZIP		ď	6.4 CITY-S	T-ZIP						1
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, anon an attachment with an address.										

OUIPThomas E. Kimball

Country

81 Name

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