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May 08 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 # P96000025633 (4)

1. Corporation Name  
TREXLER FLOOR COVERING, INC.



Principal Place of Business  
15840-81 HWY 50  
CLERMONT FL 34711  
10810 BEVERLY CT  
CLERMONT, FL 34711

Mailing Address  
15840-81 HWY 50  
CLERMONT FL 34711-8716  
10810 BEVERLY CT.  
CLERMONT, FL 34711

3. Date Incorporated or Qualified  
03/18/1996

3a. Date of Last Report

2. Principal Place of Business  
21 10810 BEVERLY CT.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 10810 BEVERLY CT  
Suite, Apt. #, etc.

4. FEI Number  
59-3373638

Applied For  
Not Applicable

22 City & State  
23 CLERMONT, FL

27 City & State  
28 CLERMONT, FL 34711

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 34711 25 Country LAKE

29 Zip 34711 30 Country LAKE

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent  
TREXLER, GEORGE  
15840-81 HWY 50  
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name TREXLER, THOMAS

82 Street Address (P.O. Box Number is Not Acceptable)  
10810 BEVERLY CT

83

84 City CLERMONT FL 85 Zip Code 34711

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 Thomas J. Jurek  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME TREXLER, GEORGE

STREET ADDRESS 15840-81 HWY 50

CITY - ST - ZIP CLERMONT FL 34711

TITLE ~~D~~ PRESIDENT ☐ DELETE

NAME TREXLER, THOMAS

STREET ADDRESS 10810 BEVERLY CT

CITY - ST - ZIP CLERMONT FL 34711

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE PRESIDENT ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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)(i), 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, or on an attachment with an address.

SIGNATURE: Thomas J. Jurek  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)