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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000084910 (4)**

1. Corporation Name
ALPHA & OMEGA FLOORCOVERING SERVICES, INC.

Principal Place of Business	Mailing Address
~~4827 MEDWAY HALL PL~~ ~~JACKSONVILLE FL 32225~~ see below	~~4827 MEDWAY HALL PL~~ ~~JACKSONVILLE FL 32225-1061~~ see below

3. Date Incorporated or Qualified: 10/10/1996
3a. Date of Last Report:

2. Principal Place of Business
21 11196-B St. Johns Indust. Pkwy S.
Suite, Apt. #, etc.
22
City & State: 23 Jacksonville, FL
Zip: 24 32246
Country: 25 U.S.

2a. Mailing Address
26 same as place of business
Suite, Apt. #, etc.
27
City & State: 28 same " " " "
Zip: 29 same "
Country: 30 same "

4. FEI Number: 59-3401492 ☐ 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

SACK, MARTIN JR
2084 PARK ST
JACKSONVILLE FL 32204

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	Michael L. Dale		1.2 NAME	Michael L. Dale	
STREET ADDRESS	11196-B St. Johns Industrial Parkway So.		1.3 STREET ADDRESS	11196-B St. Johns Industrial Parkway So.	
CITY-ST-ZIP	Jacksonville, FL 32246		1.4 CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	Sec. Treasurer	☐ DELETE	2.1 TITLE	Sec.-Treasurer	☐ Change ☐ Addition
NAME	Linda A. Dale		2.2 NAME	Linda A. Dale	
STREET ADDRESS	11196-B St. Johns Industrial Parkway So.		2.3 STREET ADDRESS	11196-B St. Johns Industrial Parkway So.	
CITY-ST-ZIP	Jacksonville, FL 32246		2.4 CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Michael L Dale 2/28/97 904-645-1717