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FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF REVENUE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086966 (4)

1. Corporation Name
KARPET DOCTOR SPECIALISTS, INC.

Principal Place of Business
2987 S. ATLANTIC AVENUE
SUITE 1805
DAYTONA BEACH SHORES FL 32118

Mailing Address
2987 S. ATLANTIC AVENUE
SUITE 1805
DAYTONA BEACH SHORES FL 32118



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

DAVIDSON, EMMETT J
2987 S. ATLANTIC AVENUE
SUITE 1805
DAYTONA BEACH SHORES FL 32118

3. Date Incorporated or Qualified

3a. Date of Last Report

10/21/1996

4. FEI Number

Applied For

59-3417265

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

10. Name and Address of New Registered Agent

1 Name

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

3

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

SIGNATURE

Emmett J. Davidson

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PRESIDENT
NAME EMMETT J. DAVIDSON
STREET ADDRESS 2987 S. ATLANTIC AVE #1805
CITY-STATE-ZIP DAYTONA BEACH SHORES, FL. 32118

TITLE VICE-PRESIDENT, SEC. TREAS. ☐ DELETE

NAME MICHAEL A. CIANCARULO
STREET ADDRESS 2349 APOKA BLVD.
CITY-STATE-ZIP APOKA, FL. 32703

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Emmett J. Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021827

CR2E034 (9/96)