

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099214 (4)

1. Corporation Name

ATLANTIC COAST FLOORING, INC.

Principal Place of Business

5105 PHILLIPS HWY.  
SUITE 201  
JACKSONVILLE FL 32207

Mailing Address

P.O. BOX 47995  
JACKSONVILLE FL 32247-9995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

59-3424202

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5971 POWERS AVENUE	26
22 SUITE 1	27 Suite, Apt. #, etc.
23 JACKSONVILLE FL	28 City & State
24 32217	29 Zip
25 USA	30 Country

9. Name and Address of Current Registered Agent

CAPLAN, HOWARD A PA  
3900 ATLANTIC BLVD.  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name	ALBERT N. MILLER
82 Street Address (P.O. Box Number is Not Acceptable)	5971 POWERS AVENUE SUITE 1
83	
84 City	JACKSONVILLE
85 FL	Zip Code 32217

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

*Albert N. Miller*

(NOTE: Registered Agent signature required when reinstating)

3-11-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ALBERT N	1.2 NAME	
STREET ADDRESS	P.O. BOX 47995	1.3 STREET ADDRESS	2404 KELLOW CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL 32247-7995	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, TERESA D	2.2 NAME	
STREET ADDRESS	P.O. BOX 47995	2.3 STREET ADDRESS	2454 KELLOW CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL 32247-7995	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, CHRISTOPHER L	3.2 NAME	
STREET ADDRESS	P.O. BOX 47995	3.3 STREET ADDRESS	2454 KELLOW CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL 32247-7995	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE:

*Teresa D Miller* TERESA D MILLER 4/7/98 (904) 739-5990

CR2E034 (10/97)