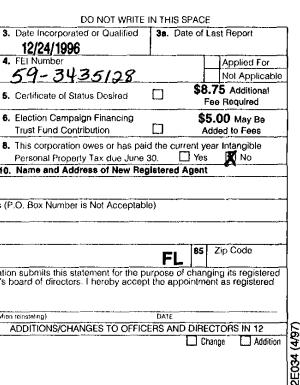
FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 P9700000462 (6) **DOCUMENT #** JP FLOORING, INC. Principal Place of Business Mailing Address 1340 CLEARVIEW AVENUE 1340 CLEARVIEW AVENUE **TAMPA FL 33614** TAMPA FL 33614 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1996 Principal Place of Business 2a. Mailing Address 21 59-3435128 26 Suite, Apt. #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Country Zip Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HODGES, GEOFFREY TODD 81 Name 400 NORTH TAMPA STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2630** 83 **TAMPA FL 33602** 84 City 85 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 Signature, typed or printed name of registered agent and title if epipticable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITUE PELLONI, JAMES NAME 1.2 NAME 1340 CLEARVIEW AVENUE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33614 CITY-ST-ZIP 1.4 C(TY - ST - Z(P DELETE ☐ Change 2.1701.6 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CHTY-\$1-7IP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE

Sep 03 1997 8:00am Secretary of State



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CITY-\$1-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 is 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 or an attachment with an address.

3.2 NAME

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