From:STEPHEN E. TILLEY, CPA, PA 904 730 7090

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90295 025 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000008456

1. Entity Name
HAWKINS REGAL FLOORING, INC.

Principal Place of Business
~~11362 SAN JOSE BLVD~~
~~#3~~
JACKSONVILLE, FL 32223

Mailing Address
~~11362 SAN JOSE BLVD~~
~~#3~~
JACKSONVILLE, FL 32223

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12489 SAN JOSE BLVD	12489 SAN JOSE BLVD
Suite, Apt.#, etc. 6	Suite, Apt. #, etc. 6
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32223 Country DUVAL	Zip 32223 Country DUVAL

4. FEI Number 59-3421431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HAWKINS, ROBERT T
12259 MARGON ESTATES LN E
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROBERT T. HAWKINS Robert T. Hawkins 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAWKINS, BEVERLY 12259 MARBON ESTATES LN E JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAWKINS, ROBERT 12259 MARBON ESTATES LN E JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T HAWKINS Robert T. Hawkins 4/27/05 904-288-8208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #