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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000058808**

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90175 044 \*\*\*150.00

| Principal Place of Business SA Address   | JAMES I  | FLOOR COVERING INC.                    |                                    |                          |  |                                   |  |
|--|--|--|------------------------------------|--------------------------|--|-----------------------------------|--|
| Principal Place of Business   Mailing Address   380 CARNEL RD   370 CARNEL R   |  |  |                                    |                          |  |                                   |  |
| 2300 CARMEL RO   32024   ST AUGUSTINE FL 3024   DO NOT WRITE IN THIS SPACE   3, Date Incorporated or Qualified   07/03/1997   2, Principal Place of Blusiness   2a, Mailing Address   4, FERT NUMBER   Applicable For   39-3512826   No. Applicable For   39-3512826   State   | Principal Place  | e of Business                          | Mailing Address                    |                          |  | ) BIJDI (DIBI HINI BDIBI HIN 1881 |  |
| 2. Principal Piace of Business   2a. Mailing Address   4. FEI Number   59-3512828   3. Applied For   59-3512828   3. Applied F | 3260 CARMEL RD 3260 CARMEL RD  |  |                                    |                          | DO NOT WOITE IN THE  | S SDACE                           |  |
| 2. Principal Place of Busines's   2a. Mailing Address   4. Fill humber   Applied For   |  |  |                                    |                          |  | 3 SPACE                           |  |
| Sulfie, Apt. #, otc.    25   |  |  |                                    |                          | 07/03/1997   |                                   |  |
| Suite, Apt #, etc.  27  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Added to Pees  In in corporation owes the current rearry interrigible  Personal Property Tax.  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry interrigible  Personal Property Tax.  In incorporation owes the current rearry in the personal Property Tax.  In incorporation of the pers | <ol><li>Principal P</li></ol>  | lace of Business                       | 2a. Mailing Address                |                          |  | J <del>.   </del>                 |  |
| 27   | 21   |  |                                    |                          | 59-3512826   |                                   |  |
| City   State   City   State   City   State   City   State   City   State   City   Country   City   Country   City   Country   City   Country   City   Country   City   Country   City    | Suite, Apt.  | #, etc.                                | <del></del>                        |                          | 5. Certifcate of Status Desired                            |                                   |  |
| Zp   Country   Zp   Zp   Zp   Zp   Zp   Zp   Zp   Z  |  | e                                      | City & State                       |                          | 6. Election Campaign Financing                             | \$5.00 May Be                     |  |
| Zip    | 23   |  | 28                                 |                          | Trust Fund Contribution                                    | Added to Fees                     |  |
| 9, Name and Address of Current Registered Agent  JAMES, CLARENCE E 3260 CARMEL RD ST AUGUSTINE FL 32024  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 607,0502 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 607,0506, 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 607,0506, Florida Statutes.  SIGNATURE  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 obligation of, Section 607,0506, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. TITLE  10. DELETE  21. TITLE  22. TITLE  23. TITLE  24. TITLE  24. TITLE  24. TITLE  25. TITLE  26. Charge  24. CITL'S 7.2P  25. TITLE  26. Charge  26. Charge  26. Charge  26. Charge  27. TITLE  28. TITLE  29. TITLE  29. TITLE  29. TITLE  20. Charge  20. |  | Country                                | Zip                                | Country                  | 8. This corporation owes the current year in               | ntangible                         |  |
| 1, Name and Address of Current Registered Agent  | 24   | 25                                     | 29                                 | 30                       |  |                                   |  |
| JAMES, CLARENCE E 3260 CARMEL RD ST AUGUSTINE FL 32024  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, an armaliar with, and accept the obligations of, Sections 670.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered, agent, and armaliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered, agent, and armaliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  24. NAME  25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  25. TITLE  26. CHANGES  26. CARMEL RD  37. STREET ADDRESS  38. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  26. CHANGES  27. STREET ADDRESS  28. CARMEL RD  38. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  27. NAME  28. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  28. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. NAME  29. NAME  29. NAME  20. STREET ADDRESS  20. STREET |  | 9. Name and Address of Currer          | nt Registered Agent                |                          | 10. Name and Address of New Registered                     | i Agent                           |  |
| 3283 CARMEL RD ST AUGUSTINE FL 32024  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above hear corporation's board of directors. I hereby accept those approach as registered, given in familiar with, and accept the obligations of, Section 607,0503, Florida Statutes.    11. Pursuant to the provisions of Sections 607,0502, and 607,1508, Florida Statutes, the above hear corporation's board of directors. I hereby accept those approach as registered, given in familiar with, and accept the obligations of, Section 607,0503, Florida Statutes.    12.   |  |  |                                    | 81 Name                  |  |                                   |  |
| ST AUGUSTINE FL 32024  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 oppointment as registered, sign. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   17THE   DAMES, CLARENCE   12 NAVE   12 |  |  |                                    | 82 Street Ac             | ddress (P.O. Box Number is Not Acceptable)                 |                                   |  |
| Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agem, 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, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE  | 1  |  |                                    | 83                       |  |                                   |  |
| office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. Tribetaly accept the epipolinitian as registered agent, or both, in the State of Florida, Such change by the corporation's board of director's. Tribetaly accept the epipolinitian as registered agent, or both, in the State of Florida, Such change by the director's. Tribetal agents and state in applicable.    12.  |  |  |                                    | 84 City                  | F  | 85 Zip Code                       |  |
| office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. Tribetaly accept the epipolinitian as registered agent, or both, in the State of Florida, Such change by the corporation's board of director's. Tribetaly accept the epipolinitian as registered agent, or both, in the State of Florida, Such change by the director's. Tribetal agents and state in applicable.    12.  | At Purpose to the provisions of Sections 507 0502 and 507 1508. Florida Statutes the above pamed corporation submits this statement for the purpose of changing its registered |  |                                    |                          |  |                                   |  |
| SIGNATURE   Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature resured when relevateding)   DATE   | ) Office or 7  | edistated agent of both in the State   | of Florida. Such channe was au     | ithorized by the corbora | ation's board of directors. I hereby accept the appearance | sintment as registered;           |  |
| 12   | agent. I a   | m familiar with, and accept the obliga | ations of, Section 607.0505, Flori | ida Statutes.            |  |                                   |  |
| 12   | SIGNATURE  |  |                                    |                          | DATE   |                                   |  |
| TITLE  | L <u>.                                    </u>   | <del></del>                            |                                    |                          | ,  | ND DIRECTORS IN 12                |  |
| NAME   JAMES, CLARENCE   12 NAME   13 STREET ADDRESS   260 CARMEL RD   13 STREET ADDRESS   14 CITY-ST-ZIP  |  | ,                                      |                                    |                          | ADDITIONS/CHANGES TO CHANGENGY                             |                                   |  |
| STREET ADDRESS   STAUGUSTINE FL  | 1  |  | <b></b>                            |                          |  |                                   |  |
| ST AUGUSTINE FL  |  |  |                                    |                          |  |                                   |  |
| TITLE  |  |  |                                    |                          |  | Ì                                 |  |
| NAME  NAME  2 NAME  2 NAME  2 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3 STREET ADDRESS  CITY-ST-ZIP  DELETE  3 STREET ADDRESS  CITY-ST-ZIP  DELETE  4 STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4 CITY-ST-ZIP  TITLE  DELETE  S STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  S STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  S STREET ADDRESS  S STREET ADDRESS  CITY-ST-ZIP   |  | SI AUGUSTINE FL                        | D DELETE                           |                          |  | Change C Addition                 |  |
| STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP  | ĺ  |  | □ DELETE                           |                          |  |                                   |  |
| City-St-ZiP  | NAME   |  |                                    | 1                        |  | 1                                 |  |
| DELETE   DELETE   3.1 TITLE   Change   Addition  | STREET ADDRESS   |  |                                    |                          |  | Ì                                 |  |
| NAME   | CITY-ST-ZIP  |  |                                    | _                        |  | Change                            |  |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP  | TITLE  |  | □ DECEIE                           | 3.1 TITLE                |  | □ change □ Addition               |  |
| CITY-ST-ZIP  | NAME   |  |                                    | 3.2 NAME                 |  | į                                 |  |
| DELETE   | STREET ADDRESS   |  |                                    | 3.3 STREET ADDRESS       |  | \                                 |  |
| NAME   | CITY-ST-ZIP  |  |                                    | 3.4. CITY-ST-ZIP         |  |                                   |  |
| A.3 STREET ADDRESS   A.4 CITY-ST-ZIP   A.4 CITY-ST-ZIP   Change   Addition   | TITLE  |  | L_] DELETE                         | 4.1 TITLE                |  | ☐ Change ☐ Addition               |  |
| A 4 CITY-ST-ZIP  | NAME   |  |                                    | 4. 2 NAME                |  |                                   |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME </td <td>STREET ADDRESS</td> <td></td> <td></td> <td>4.3 STREET ADDRESS</td> <td></td> <td></td>  | STREET ADDRESS   |  |                                    | 4.3 STREET ADDRESS       |  |                                   |  |
| NAME   | CITY-ST-ZIP  |  |                                    | 4.4 CITY-ST-ZIP          |  |                                   |  |
| 5.3 STREET ADDRESS   | TITLE  |  | ☐ DELETE                           | 5.1 TITLE                |  | ☐ Change ☐ Addition               |  |
| 5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     Change   Addition  | NAME   |  |                                    | 5.2 NAME                 |  |                                   |  |
| CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         G.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS  | STREET ADDRESS   |  |                                    | 5.3 STREET ADDRESS       |  | }                                 |  |
| TITLE G.1 TITLE G.1 TITLE G.2 NAME  6.2 NAME  5.3 STREET ADDRESS  6.3 STREET ADDRESS   |  |  |                                    | 5.4 CITY-ST-ZIP          |  |                                   |  |
| NAME  6.2 NAME  6.3 STREET ADDRESS   |  |  | ☐ DELETE                           | 6.1 TITLE                |  | ☐ Change ☐ Addition               |  |
| STREET ADDRESS 6.3 STREET ADDRESS  |  |  |                                    | 6.2 NAME                 |  | J                                 |  |
| 0.107.07.70  |  |  |                                    | 6.3 STREET ADDRESS       |  | }                                 |  |
| (J17-31-77F )  | CITY-ST-ZIP  |  |                                    | 6.4 CITY-ST-ZIP          |  | ľ                                 |  |

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 op an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR