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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CiTY-S1-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000061042 (2) DOCUMENT #

CARPET AND TILE OUTLET OF TAMPA BAY, INC.

18538 US HIGHWAY 19 N 18538 US HIGHWAY 19 N CLEARWATER FL 34624 CLEARWATER FL 34624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, otc Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country Country 8. This corporation owes or has paid the current year Intangible **Y**es ☐ No Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DAVIS, DONNA J 15579 US HWY 10 NO STE 217B 82 **CLEARWATER FL 34624** A3 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporoffice or registered agont or both, in the state of Florida Such change was authorized by the corporatio agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change Addition TITLE D 1.1 10 LE DAVIS, DONNA J DONN J. DAVIS NAME 1.2 NAME 15579 US HWY 10 NO STE 217B 18538 US 19 NURTH STREET ADDRESS 1.3 STREET ADDRESS CITY-S1-ZIP CLEARWATER FL 34624 LEARWATER, FL 33764 1.4 CITY - \$1 - 7IF DELETE Addition TITLE 21 TITLE NAME 2.2 NAME GARY ROBERTS US 19 NORTH BL 33764 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIF DELETE Addition TITLE 3.17(Tuf 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the report or trusted 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 on an electroment with an address.

3.4. CHIY-\$1-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

5.4 CITY- ST- ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

51 THLE

5.2 NAME

61 TILLE

62 NAME

DELFTE

DELETE

DELETE

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Jan 20 1998 8:00am

Secretary of State