

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90140 015 ***150.00

DOCUMENT # **P97000061042**

1. Corporation Name

CARPET AND TILE OUTLET OF TAMPA BAY, INC.

Principal Place of Business

**18538 US HIGHWAY 19 N
CLEARWATER FL 34624**

Mailing Address

**18538 US HIGHWAY 19 N
CLEARWATER FL 34624**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1997

4. FEI Number

59-2840150

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt #, etc

Suite, Apt # etc

City & State

City & State

Zip Country

Zip Country

33764

33764

9. Name and Address of Current Registered Agent

**ROBERTS, GARY
18538 US 19 NORTH
CLEARWATER FL 33764**

10. Name and Address of New Registered Agent

81 Name **WALTER L. GUANTAM, Jr**
82 Street Address (P.O. Box Number is Not Acceptable)
18167 U.S. Highway 19 North #310
83
84 City **CLEARWATER** FL 85 Zip Code **33746**

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 **WALTER L. GUANTAM, Jr.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

1/21/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DAVIS, DONNA J**
STREET ADDRESS **18538 US 19 N**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **V** ☒ DELETE
NAME **ROBERTS, GARY**
STREET ADDRESS **18538 US 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **ATTS.** ☒ Change ☐ Addition
12 NAME **DONNA DAVIS**
13 STREET ADDRESS **18538 US 19 N.**
14 CITY-ST-ZIP **CLEARWATER, FL 33764**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA J. DAVIS

PRESIDENT

Date

3/10/99

Daytime Phone #

CR2E034 (1/98)