## 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 # P97000101941

1. Corporation Name

MARION FLOORS, INC.

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90004 047 \*\*\*150.00



	720010, 1110										
Principal Place	of Business	Ma	illing Address							••,,	
12101 S HWY 441			13450 S.E. 108TH CT. RD. OCKLAWAHA FL 32179								
BELLEVIEW FL 34420 OCKLAWAHA FL 32179 US							DO NOT WRITE IN TH	IS SPACI	Ξ.		
00							3. Date Incorporated or Qualifed 12/01/1997			-	
	(5)	-	Mailing Address				4. FEI Number	-T	Ann	lied For	
_	lace of Business	— — — ·	Mailing Address				59-3479274	F	<u> </u>	Applicable	
21	4 -1-	26	Suite, Apt. #, etc.				39-34/92/4	\$8		dditional	
Suite, Apt.	#, etc.	27	ı				5. Certifcate of Status Desired		ee Rec		
City & State	P		City & State				6. Election Campaign Financing	\$5	.00 *	May Be	
23	-	28	,				Trust Fund Contribution		ided to		
Zip Country		1201	Zip Country				8. This corporation owes the current year Intangible				
24	25	29		30			Personal Property Tax.	Ye:	s [	□No	
<del></del>	9. Name and Address of Currer	t Regist	tered Agent	<u> </u>			10. Name and Address of New Registere	d Agent		_	
ı			_	8	1 N:	ame	•			Ì	
	AND, DAVID		•	8:	2 51	reet Addre	ess (P.O. Box Number is Not Acceptable)				
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		0 0	7 4500 Florido Statut	as the sha	<u> </u>	mod como	pration submits this statement for the purpose		na its r	egistered	
office or n	egistered agent, or both, in the State	of Florid	a. Such change was a	uthorized b	y the	corporation	n's board of directors. I hereby accept the app	pointment	as reg	istered	
agent. I a	m familiar with, and accept the obliga	itions of,	Section 607.0505, Flo	rida Statute	·S.					}	
SIGNATURE							when reinstating) DATE				
40	Signature, typed or printed name of registered age OFFICERS AN			13.	ient sign	ature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIR	CTO	RS IN 12	
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14. 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.

352 307 3733