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
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90284 024 ***150.00

DOCUMENT # P98 0000 22458 ✓

1. Corporation Name

Oakleaf Hardwood Flooring, Inc.

Principal Place of Business
12319 Oakleaf Ave.
Tampa, FL 33612

Mailing Address
12319 Oak Leaf Ave
Tampa, FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
March 9th 1998

2. Principal Place of Business
21 12319 Oakleaf Ave.
22 Suite, Apt. #, etc.
23 City & State: TAMPA FLORIDA
24 Zip: 33612 25 Country: USA

2a. Mailing Address
26 12319 Oakleaf Ave.
27 Suite, Apt. #, etc.
28 City & State: TAMPA FLORIDA
29 Zip: 33612 30 Country: USA

4. FEI Number
59-3498547
☐ Applied For
☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

Nicolas B. LARGAY
12319 Oakleaf Ave.
Tampa, Florida 33612

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Nicolas B. Largay DATE: 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	V	☐ Change ☑ Addition
NAME	Nicolas B. LARGAY		1.2 NAME	Stacy D. LARGAY	
STREET ADDRESS	12319 Oakleaf Ave.		1.3 STREET ADDRESS	12319 Oak leaf Ave.	
CITY-ST-ZIP	TAMPA, FL 33612		1.4 CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Brian R. Kerns		2.2 NAME		
STREET ADDRESS	9009 Barnside PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Nicolas B. Largay 4/29/99 (813) 931-2599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #