## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** P98000083254 1. Corporation Name

INDUSTRIAL POLYMER FLOORING, INC.

## FILED Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90011 043 \*\*\*550.00



Mailing Address					- I TO DELLO DE TOUR TOUR TOURS AND LESS AND A STATE OF THE PROPERTY OF THE PR			
Principal Place of Business Mailing Address								
4702 STEARNS ROAD 4702 STEARNS ROAD VALRICO FL 33594				-			•	
VALRICO FL 3	3594	VALRICO PL 33594			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualified 09/25/1998			
Principal Pl	ace of Business	2a Mailing Address			4. FEI Number		Applied For	
		Box 2145		598588720		Not Applicable		
Suite, Apt.	# ptc	Suite, Apt. #, etc.				\$8.75 Additional		
	m, etc.	27			-5. Certificate of Status Desired Fee Required			
City & State		City & State			6. Election Campaign Financing	Election Campaign Financing \$5.00 May Be		
	3	28 Valaico	F	<u>L</u>	Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Coun	trv	8. This corporation owes the current year			
	<b>⊢</b> —¬	29 33595-21453		<sub>නි</sub> A	Intangible Personal Property.	Yes	☐ No	
24	25   9. Name and Address of Curren		<u> </u>		10. Name and Address of New Register	ed Agent	-	
	9. Name and Address of Correct	t Negistered Agent		81 Name	7			
WAI	LKER, TINA G							
	2 STEARNS ROAD	82 Street Ad		82 Street Add	ress (P.O. Box Number is Not Acceptable)		1	
	RICO FL 33594	•	-  -	83				
VAL	NICO FE 33094		İ	83				
			<u> </u>	84 City	-	85	Zip Code	
					pration submits this statement for the purpose of	L		
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, Florid	da Statu	ites.	ion's board of directors. I hereby accept the ap			
	Signature, typed or printed name of registered agen			ed Agent signature rec	quired when reinstating) DAT		ECTODO IN 42	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	DELETE	1.1 TITLE			L Cr	nange L Addition	
NAME	WALKER, TINA G		1.2 NAM	AE				
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	VALRICO FL 33594		1.4 CIT	Y-ST-ZIP			<del></del>	
TITLE		☐ DELETE	2.1 TITE	.E		Cr	ange L Addition	
NAME			2.2 NA	AE				
STREET ADDRESS	·	_ <del></del>	2.3 STR	EET AODRESS.	سد ، محبد کا محسد ا			
CITY-ST-ZiP			2.4 CIT	Y-ST-ZIP				
TITLE		DELETE	3.1 TITI	LE ]		cı	hange 🔛 Addition	
NAME			3.2 NAM	AE			[	
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4 CIT	Y-ST-ZiP				
TITLE		DELETE	4,1 TITL	.E		☐ cı	nange 🔲 Addition	
NAME			4.2 NA	AE				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		DELETE	5.1 TITL	.E		☐ Ct	nange Addition	
NAME			5.2 NA	νi∈				
			1	EET ADDRESS				
STREET ADDRESS			4	Y-ST-ZIP				
CITY-ST-ZIP		Decree	6.1 TITI	<del></del>			nange Addition	
TITLE		☐ DELETE	1	J		~		
NAME			6.2 NA					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		ALCOHOL III I INC. E III		Y-ST-ZIP	etion (10 07/3)/i) Florida Ctatutan   further and	ifu that the	e information	
14. I hereby co	ertify that the information supplied with	this filing does not qualify for the	exemp	tion stated in se	ction 119.07(3)(i), Florida Statutes. I further cer	my that the	that I am	

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.