PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Kathorine Harris

Secretary of State
DIVISION OF CORPORATIONS

KNOWLES FLOOR COVERING, INC.

Principal Place of Busines
502 SE 2ND STREET
WINTER HAVEN FL 33890

2. Principal Place of Business

Mailing Address

2a. Mailing Address

502 SE 2ND STREET WINTER HAVEN FL 33880

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90115 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Applied For

10/15/1998 4 FEI Number 5 9 - 3 5, 3

21		26					一人 イタものできる	33.		ot Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee.Re		
City & Stat	e -	City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Ba	
Zip	Country	1-0,	Zip Country				8. This corporation owes the current year Intengible				
24	25	29	·	30			Personal Property Tax.		[]Yes	□No	
	9. Name and Address of Current				Τ_		10. Name and Address of New Registered Agent				
THOMAS, ALICE 502 SE 2ND STREET WINTER HAVEN FL 33880					81	Name	,			ľ	
						51 111	(DO 0-1)				
					82	Street Addre	Street Adcress (P.O. Box Number is Not Acceptable)				
					83						
			•						, -,		
					84	City		FI	85 Zip (	Code	
··	to the provisions of Sections 607.0502		OZ 1500 Clorida Ctatuta	m the e		-pamed cor x	ration submits this statement for the	DUMOSE	f changing its	registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	Flori	da. Such channe was at	HITARITE	t hv i	lhe corporatio	n's board of directors. I hereby acce	prime appo	XIII TIBNI BIS 189	gistered	
SIGNATURE	somely soulh			ISI	7_	nomA:		<u> </u>	15-99		
	Signature, typed or printed name of registered agent a				Agent	signature required	ADDITIONS/CHANGES TO OF	DATE		IDC IN 12	
12.	OFFICERS AND	DIRE	CTORS DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS A	[]Change	Aldition	
TITLE	TU OCI SIRG		T) DEFEIR	1.171		ĺ			Change		
NAME	JACK L. KNOWLE	2		12N		.				1	
STREET ADDRESS				133	REET.	ADORESS				1	
CITY-51-ZIP	WENTER HAVEN	Έ.		1.40	TY-51	-ZIP					
TITLE	AUTHORIZED REP		☐ DELETE	21π	ILE.				[] Change	☐ Addition	
NAME	ACECE THOMAS			22 N	WE					ł	
STREET ADDRESS	602 2 ND ST, 5 E			2.3 \$1	REET	ADDRESS				ł	
CITY-St-ZIP	WINTER HADEN	F	L. 33880	2.40	TY-51	-ZIP -	<del> </del>	* ; .			
TiπLE			□ DELETE	3.1 11	nle				[] Change	Addition	
NAME				3.2 N	WE	Y				1	
STREET ADDRESS	•			3.3 \$1	REET	ADDRESS				- 1	
CITY-ST-ZIP				3A.C	TY-ST	- ZP	<u> </u>				
TITLE			DELETE	4.1 77	RΕ				[] Change	☐ Addition	
NAME				4.2 N	AME					1	
STREET ADDRESS				4.3 81	REET	ADDRESS				l	
CITY-ST-ZIP	** .			4.4 CI	TY-ST-	ZIP					
TITLE			· DELETE	5.1 T/	_				[] Change	☐ Acidition	
NAME				5.2 N	WE		•			1	
STREET ADDRESS	٠.			53 81	REET	ADORESS				}	
CITY-ST-ZIP			•	5.4 CI	TY-\$T-	ZIP				ŀ	
TITLE	<u> </u>		☐ DELETE	6.1 TI	LE .				[] Change	☐ Addition	
NAME			_	62 N	WE	)	•			}	
STREET ADDRESS	·			6.3 ST	REET /	ADDRESS				ļ	
!	,			1	TY-ST-	(		•		\	
CITY-ST-ZIP	ertify that the information supplied with	thic fi	ling does not qualify five				action 119.07(3 (i). Florida Statutes	I further ce	rtify that the in	nformation	
indicated	on this ennual report or supplied with	กกบลไ	report is true and accur	ate and	that :	my signature	shall have the tame legal effect as I	f made und	er cath; that I	i am an	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under ceth; 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:

OSCHWAN TEQUIRED

4-10-99 (941) 293-8354