

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S01324 (0)**  
1. Corporation Name  
**CHAPMAN FLOORING, INC.**



Principal Place of Business: **228 OAK ROAD WINTER SPRINGS FL 32708**  
Mailing Address: **228 OAK ROAD WINTER SPRINGS FL 32708**

3. Date Incorporated or Qualified: **09/18/1990**  
3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business: **21 1063 miller dr**  
22 Suite, Apt. #, etc.:  
23 City & State: **Altamonte Springs FL**  
24 Zip: **32701** 25 Country: **Seminole**  
26 Mailing Address: **111 14th av w.**  
27 Suite, Apt. #, etc.:  
28 City & State: **Longwood FL**  
29 Zip: **32750** 30 Country: **seminole**

4. FEI Number: **59-3035518**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CHAPMAN, NEIL C.  
228 OAK RD.  
WINTER SPGS. FL 32708**

10. Name and Address of New Registered Agent  
81 Name: **Neil C Chapman**  
82 Street Address (P.O. Box Number is Not Acceptable): **111 14th av. west**  
83  
84 City: **Longwood** FL 85 Zip Code: **32750**

11. Pursuant to the provisions of Sections 607.0503 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent is acceptable. NOTE: Registered Agent cannot be required to obtain registration.

12. OFFICERS AND DIRECTORS

|                 |                         |  |
|-----------------|-------------------------|--|
| TITLE           | <b>P</b>                | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>CHAPMAN, NEIL C.</b> |  |
| STREET ADDRESS  | <b>228 OAK RD.</b>      |  |
| CITY - ST - ZIP | <b>WINTER SPGS. FL</b>  |  |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                          |  |
|---------------------|--------------------------|--|
| 1.1 TITLE           | <b>P</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Chapman neil C</b>    |  |
| 1.3 STREET ADDRESS  | <b>111 14th av west</b>  |  |
| 1.4 CITY - ST - ZIP | <b>Longwood FL 32750</b> |  |
| 2.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                          |  |
| 2.3 STREET ADDRESS  |                          |  |
| 2.4 CITY - ST - ZIP |                          |  |
| 3.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                          |  |
| 3.3 STREET ADDRESS  |                          |  |
| 3.4 CITY - ST - ZIP |                          |  |
| 4.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                          |  |
| 4.3 STREET ADDRESS  |                          |  |
| 4.4 CITY - ST - ZIP |                          |  |
| 5.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                          |  |
| 5.3 STREET ADDRESS  |                          |  |
| 5.4 CITY - ST - ZIP |                          |  |
| 6.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                          |  |
| 6.3 STREET ADDRESS  |                          |  |
| 6.4 CITY - ST - ZIP |                          |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **5-11-96** DAYTIME PHONE: **407 341 6314**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)