

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 15 PM 12: 02

DOCUMENT # S10830 (5)

1. Corporation Name
FLOOR COVERING, INC.

Principal Place of Business Mailing Address
 P.O. BOX 1512 P.O. BOX 1512
 OLDSMAR FL 34677-0027 OLDSMAR FL 34677-0027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/02/1990** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business 2a. Mailing Address
 21 20

4. FEI Number **59-3043465** Applied For
 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
 23 20

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
 24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HERSEM, THOMAS G.
 400 INDIAN ROCKS RD
 SUITE C
 BELLEAIR BLUFFS FL 34640**

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 607.1506, 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

Signature: typed or printed name of registered agent and the filer (application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	ALLEN, TRACY
STREET ADDRESS	997 ROCK CREEK RD. S.W.
CITY - ST - ZIP	CALHOUN GA
TITLE	D
NAME	ALLEN, TRACY
STREET ADDRESS	997 ROCK CREEK RD. S.W.
CITY - ST - ZIP	CALHOUN GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	L.M. BRADLEY
3. STREET ADDRESS	13807 W. HILLSBOROUGH AV
4. CITY - ST - ZIP	TAMPA, FLA 33635
5. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	L.M. BRADLEY
7. STREET ADDRESS	13807 W. HILLSBOROUGH AV.
8. CITY - ST - ZIP	TAMPA, FLA 33635
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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, upon an attachment with an address.

SIGNATURE: *L.M. BRADLEY*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/95 813-878-0685
 DATE DAYTIME PHONE #

CR2E034 (3/95)