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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S18345** (6)
1. Corporation Name
CARPETING BY JOHN SPARKS, INC.

Principal Place of Business Mailing Address
700 SW 54TH AVE. **700 SW 54TH AVE.**
MARGATE FL 33068 **MARGATE FL 33068**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/13/1990** 3a. Date of Last Report **08/12/1994**
4. FEI Number **65-0233925** 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 unexpired fee under § 100.139 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **1922 NW 54 Ave.** 26 **1922 NW 54 Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **-** 27 **-**
City & State City & State
23 **Margate, FL** 28 **MARGATE, FL**
Zip County Zip County
24 **33063** 25 **Broward** 29 **33063** 30 **Broward**

SPARKS, JOHN
700 SW 54TH AVE.
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1922 NW 54 Ave
83
84 City **MARGATE** FL 85 Zip Code **33063**

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

(Signature required for principal place of business, registered agent, and stockholder)

(Signature required for registered agent, signature required when constituting)

(Signature required for registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	SPARKS, JOHN	1.2 NAME	
STREET ADDRESS	700 SW 54TH AVE.	1.3 STREET ADDRESS	1922 NW 54 Ave
CITY, ST, ZIP	MARGATE FL	1.4 CITY, ST, ZIP	MARGATE, FL 33063
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	SPARKS, JOHN	2.2 NAME	
STREET ADDRESS	700 SW 54TH AVE.	2.3 STREET ADDRESS	1922 NW 54 Ave
CITY, ST, ZIP	MARGATE FL	2.4 CITY, ST, ZIP	MARGATE, FL 33063
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 111.07(3)(b), 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 this 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 and changed, or as an attachment with an address.

SIGNATURE:

John Sparks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/95 **305-974-4007**
Expires 1/1/96