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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 MAR 21 PM 2:45

DOCUMENT # S22216 (3)

1. Corporation Name

CREATIVE CARPETS BY CONTRACT CARPETS, INC.

Principal Place of Business

2009 SUNRISE ROAD
P O BOX 309
LAKY LAKE FL 32159

Mailing Address

2009 SUNRISE ROAD
P O BOX 309
LAKY LAKE FL 32159

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1991

3a. Date of Last Report

02/21/1994

4. FEI Number

59-3053223

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

2. Principal Place of Business

21 16264 S.E. HWY. 475

2a. Mailing Address

25 P.O. BOX 309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SUMMERFIELD, FL

City & State

27 LADY LAKE, FL

Zip

24 34491

Country

25 USA

Zip

29 32159

Country

30 USA

9. Name and Address of Current Registered Agent

HYLTON, DONALD H.
RR 1 BOX 149 - Y
OXFORD FL 32684

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	HYLTON, DONALD W.
STREET ADDRESS	RR 1 BOX 149 - Y
CITY-ST-ZIP	OXFORD FL
TITLE	DVP
NAME	SCHWARTZ, MICHAEL R.
STREET ADDRESS	COUNTY RD 475
CITY-ST-ZIP	OXFORD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Schwartz

Date

3/15/95 904-753-8724

Daytime Phone #