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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

199	(

DOCUN 1. Corporation	<b>JENT</b>	# <b>S55</b> 7	765	(9)								
		S CARPET & TIL	.E, INC.									
Principal Place	of Business		Mailing	Address				[ ] [ ]	IBIN 107 WILKI MAHI 19	#I# #![#  BIII BI	BII QIDII DIBI	I BIBAL OFDIY QIBIL IBBI
988 BICHARA BLVD LADY LAKE FL 32158 US			LA	988 BICHARA BLVD LADY LAKE FL 32159 US				3. Date Incorp	porated or Qualific	ed <b>3a</b> . D	ate of Lasi	Report
									3/1991		05/01	/1995
2. Principal Pla	ice of Busine	988	2a. Ma 26	iling Address				4. FEI Numbe	3105913			Applied For Not Applicable
Suite, Apt. #	f, etc.			Suite, Apt. #, etc.							\$8.	75 Additional
22			27					5. Certificate o	of Status Desired		•	e Required
City & State			— — ·	City & State					mpaign Financin	9 🗆		.00 May Be
700		Counts	28 Zip		Country				Contribution			ded to Fees
<i>Z</i> ip <b>24</b>	}	Country	29		30			Florida Stat	ation has liability tutes	Yes No	e tax under	\$ 199.032,
[-7]		and Address of Curi		d Agent	1901				Address of Ne		d Agent	
					81	Name	Dar	ron A	Hearns			
HEARI	NS, ELDEN	IE L.			82	Street A	ddress	(P.O. Box Num	nber is Not Acce	otable)		<del></del>
	el rio dr						841	1 S.E.	129th	<u>Place</u>		
LADY	LAKE FL 3	2159			83							
					84	City	Do1	1 0 2 2 1 0 2 2		F	85	Zip Code 34420
11. Pursuant to	o the provision	ons of Sections 607.05	502 and 607.15	08, Florida Statute	es, the above-r	named cor	poratio	1eview	statement for the	purpose of	changing it	s registered office
or registere familiar with	ed agent, or h. anti accer	both, in the State of Floot the obligations of	lorida. Such cha ection 607,0503	inge was authorize 5. Florida Statutes	ed by the corp	oration's t	oard o	f directors. I he	reby accept the	appointment	as registe	ed agent. I am
SIGNATURE	1 Jan	/ I ///	rame					Hearn		4-27		
	Signature typed	or printed name of registered a	gent and title if applica		TL: Registered Ager	it signature rec	why coun			DATE		
12.			AND DIRECTOR	RS <b>T</b> DELETE	13.		5		CHANGES TO		IND DIREC	
TITLE	PVST			KJULLIL	1. 1 TITLE 1.2 NAME				Treas	•	K) chang	je 🔲 Addition
NAME STREET ADDRESS		rns, eldene L. Del Rio drive			1.3 STREET				Hearns 120th	D1 200		
CITY-ST-ZIP		LAKE FL			1.4 CITY - S	I .			FL3			
TITLE	ושוש	PLANT I P		DELETE	2.1 TITLE			e-Pres		332V	Chang	je 🔲 Addition
NAME					2 2 NAME	I .			Hearns		**	
STREET ADDRESS					2.3 STREET			Del R				
CITY-ST-ZIP					2.4 CITY - S					2159		
TITLE				☐ DELETE	3 1 TITLE	į	Chi	ef Exe	, FL. 3 cutive	Office	e <b>k</b> J Chang	je 🗀 Addition
NAME					3.2 NAME				Hearns			
STREET ADDRESS					3 3. STREE	1		Del R				i
CITY-ST-ZIP TITLE				DELETE	3.4 C/TY-5 4 1 TITLE	01.71	Lad	y Lake	,_FL3	2159—	Chang	je 🔲 Addition
NAME					4.2 NAME						_	
STREET ADDRESS					4.3 STREET	ADDRESS						
CITY-ST-ZIP					4.4 City - 5	IT-ZIP						
TOLE		· <del>- · · · · · · · · · · · · · · ·</del>		DELETE	5 1 TITLE	. 1					☐ Chan	e 🔲 Addition
NAME					52 NAME							
STREET ADDRESS					5.3 STREFT							
CITY-ST-ZIP	ļ			DELETE	5.4 CITY-5 6 1 TITLE	IT-ZIP					☐ Chang	e Addition
TITLE				C) acces	6.2 NAME						C Augui	to □ Vaccion
NAME STREET ADDRESS					6.3 STREET	ADDRESS						
CITY-ST-ZIP					6.4 CITY-5							
14. I do hereb	y certify that	the information supplied	ed with this filing	j is voluntarily furn	ished and doe	s not qual	ify for th	he exemption s	tated in Section	119.07(3)(k),	Florida Sta	itutes. I further

certify that the information indicated on this armost 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 direction of 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 11 if changed, or on an attachment with an address.

SIGNATURE:

Darren A. Hearns NING OFFICER OR DIRECTOR

4-27-96

Date

(352)753-7502

CR2E034 (12/95)