

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90093 024 ***150.00

0401498

DOCUMENT # S56881

1. Corporation Name

COMMERCIAL CONCEPTS CONTRACT CARPETS, INC.

Principal Place of Business

**4829 N WESTSHORE BLVD
TAMPA FL 33614**

Mailing Address

**4829 N WESTSHORE BLVD
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1991

4. FEI Number

59-3073396

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 owes the current year intangible

Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 5602 W. Linebaugh Ave
Suite, Apt. #, etc.

22 Tampa, FL 33614
City & State

23 Tampa, FL
Zip

Country

24 33614

2a. Mailing Address

26 5602 W. Linebaugh Ave
Suite, Apt. #, etc.

27 Tampa, FL 33614
City & State

28 Tampa, FL
Zip

Country

29 33614

30 Hillsborough

9. Name and Address of Current Registered Agent

**OSTRANDER, THOMAS
4420 N HALE AVE.
TAMPA FL 33614**

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 607.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **OSTRANDER, ELENA**
STREET ADDRESS **4420 N HALE AVE.**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **DS** ☒ DELETE
NAME **OSTRANDER, THOMAS**
STREET ADDRESS **4420 N HALE AVE.**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Maria Ostrander**
1.3 STREET ADDRESS **5602 W. Linebaugh**
1.4 CITY-ST-ZIP **Tampa, FL 33624**

2.1 TITLE **DS** ☒ Change ☐ Addition
2.2 NAME **Isabel Ostrander**
2.3 STREET ADDRESS **5602 W. Linebaugh**
2.4 CITY-ST-ZIP **Tampa, FL 33624**

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x2/22/99 x269-8600

CR2E034 (11/98)