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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # Corporation Name

1996 9

(5)

B & C FLOORING SUPPLIES. INC.

FILED

May 15 1997 8:00am

Secretary of State

Mailing Address Principal Place of Business 760 FLAMINGO DR 780 FLAMINGO DR APOLLO BEACH FL 33572 APOLLO BEACH FL 33572 3a. Date of Last Report 3. Date Incorporated or Qualified 10/10/1991 10/05/1995 2. Principal Place of Business

11 015 Beacon Manuel 26 Address Applied For 4. FEI Number 59-3084775 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Myers Trust Fund Contribution 28 Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Yes No Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MADDEN, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable)

3045 BEXCON MODOR 82 760 FLAMINGO DR 83 APOLLO BEACH FL 33672 City Zip Code 3ラ9つ 84 Myers 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: (NOTE: Registered Agent eignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (12/95 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change 1. 1 Title TITLE MADDEN, WILLIAM C. 1.2 NAME NAME 2045 Beacon Manor Dr. 760 FLAMINGO DR 1.3 STREET ADDRESS STREET ADDRESS FL 33907 APOLLO BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2. 1 TITLE THILE MADDEN, CONNIE 2.2 NAME NAME 2045 Beacon Manor DR. 760 FLAMINGO DR 2.3 STREET ADDRESS STREET ADDRESS Myers, FL 33907 APOLLO BEACH FL 2.4 CITY - ST - ZIP CHY-ST-ZIP Addition DELETE 3. 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3. STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST-7IP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY-ST-ZIF Change Addition TIFLE DELETE 5. 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST- 2IP ☐ Addition DELETE 6. 1 TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

THIE

NAME

STREET ADDRESS

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