

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V00845** (0)

1. Corporation Name

CUSTOM FLOORING & DESIGN, INC.



Principal Place of Business

9729 BEACH BLVD
JACKSONVILLE FL 32240
US

Mailing Address

9729 BEACH BLVD
JACKSONVILLE FL 32246
US

3. Date Incorporated or Qualified

01/01/1992

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 9729 Beach Blvd

26 Suite, Apt. #, etc.

22 J

27 Suite, Apt. #, etc.

23 City & State

Jax FL

28 City & State

24 Zip

32246

25 Country

US

29 Zip

30 Country

4. FEI Number

59-3100350

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

9. Name and Address of Current Registered Agent

JONES, RICHARD G.
9729 BEACH BLVD
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

James Bault

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

4083 Spring Park Circle

83

84 City

Jacksonville

FL

85 Zip Code

32207

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

James Bault James Bault Pres

3-4-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, RICHARD G.	
STREET ADDRESS	4083 SPRING PARK CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAULT, JIM	
STREET ADDRESS	9923 JEANETTE RD. 4083 Spring Park Circle	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COLBURN, JESSIE	
STREET ADDRESS	10960 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4083 Spring Park Circle
2.4 CITY-ST-ZIP	Jax FL 32207
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STD Robert Mead
4.3 STREET ADDRESS	1734 N. Orlando Cir
4.4 CITY-ST-ZIP	Jacksonville FL 32207
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James Bault President

3-4-96

DATE

904 6456339

Daytime Phone #

CR2E034 (12/95)