

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 # **V04236** (8)

1. Corporation Name

**REEDY CARPETS OF ORANGE CITY, INC.**



Principal Place of Business

**2427 ENTERPRISE ROAD  
ORANGE CITY FL 32763**

Mailing Address

**2427 ENTERPRISE ROAD  
ORANGE CITY FL 32763**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**REEDY, OSCAR P.  
2427 ENTERPRISE ROAD  
ORANGE CITY FL 32763**

3. Date Incorporated or Qualified

**01/03/1992**

3a. Date of Last Report

**04/20/1995**

4. FEI Number

**59-3098631**

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

10. Name and Address of New Registered Agent

81

Name

**DARLENE FIELDS**

82

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

**2427 ENTERPRISE RD**

83

84

City

**ORANGE CITY**

FL

85

Zip Code

**32763**

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

*Darlene Fields*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

**1/10/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REEDY, OSCAR P.</b>	
STREET ADDRESS	<b>2427 ENTERPRISE ROAD</b>	
CITY - ST - ZIP	<b>ORANGE CITY FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LESLIE RICHARDSON</b>	
STREET ADDRESS	<b>2427 ENTERPRISE RD.</b>	
CITY - ST - ZIP	<b>ORANGE CITY FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FIELDS, RON</b>	
STREET ADDRESS	<b>494 N. DIN OAK PL. #100</b>	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCARTHY, VINCENT III</b>	
STREET ADDRESS	<b>2427 ENTERPRISE RD.</b>	
CITY - ST - ZIP	<b>ORANGE CITY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>FIELDS, DARLENE</b>	
STREET ADDRESS	<b>494 N. DIN OAK PL.</b>	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VELAZQUEZ, BARTOLD</b>	
STREET ADDRESS	<b>2427 ENTERPRISE RD.</b>	
CITY - ST - ZIP	<b>ORANGE CITY FL</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V. PRES</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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:

*Darlene Fields*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DARLENE FIELDS**

DATE

**1/10/96**

DEFINITE PHONE

**904-775-1118**

CR2E034 (12/95)