

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 # V06001 (4)

1. Corporation Name

ELLIS CARPET MART, INC.

Principal Place of Business

5310 - 66TH STREET NORTH
ST. PETERSBURG FL 33709

Mailing Address

5310 - 66TH STREET NORTH
ST. PETERSBURG FL 33709



3. Date Incorporated or Qualified
01/13/1992

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

21 8251 - 39TH AV. N.

2a. Mailing Address

26 8251 - 39TH AV. N.

4. FEI Number
59-3099364

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 ST. PETERSBURG FL 33709

27

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

City & State

23 33709

28 ST. PETERSBURG FL

Zip

Country

Zip

Country

24 25 PINELANDS

29 33709

30 PINELANDS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROIDA & NAPIER P.A.
605 - 75TH AVENUE
ST PETERSBURG BEACH FL 33706

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ELLIS, GERALD W.
STREET ADDRESS 8251 39TH AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE
NAME ELLIS, BILLIE M.
STREET ADDRESS 8251 39TH AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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:

GERALD W. ELLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-92 813-347-3728

CR2E034 (12/95)