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 # **V09540** **(8)**

1. Corporation Name

KANASZKA KARPET KARE, INCORPORATED

Principal Place of Business	Mailing Address
4539 BEACH BLVD #8 JACKSONVILLE FL 32207 US	4539 BEACH BOULEVARD #8 JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 01/27/1992	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3115027	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KANASZKA, DAVID M.
134 11TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name: Kanaszka, David M.
82 Street Address (P.O. Box Number is Not Acceptable): 2101 Bartolome Road
83
84 City: Neptune Bch. FL 85 Zip Code: 32266

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: (Same Agent) (Address change only) DATE: 1/17/96

Signature of person appointed as registered agent

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	KANASZKA, CAROL A.		1.2 NAME	Kanaszka, Carol A.	
STREET ADDRESS	134 11TH AVENUE SOUTH		1.3 STREET ADDRESS	2101 Bartolome Road	
CITY-ST-ZIP	JACKSONVILLE BCH FL		1.4 CITY-ST-ZIP	Neptune Bch FL 32266	
TITLE	DVP	☐ DELETE	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	KANASZKA, DAVID M.		2.2 NAME	Kanaszka, David M.	
STREET ADDRESS	134 11TH AVENUE SOUTH		2.3 STREET ADDRESS	2101 Bartolome Road	
CITY-ST-ZIP	JACKSONVILLE BCH FL		2.4 CITY-ST-ZIP	Neptune Bch FL 32266	
TITLE	S	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	IGNOS, STEPHEN F		3.2 NAME	Ignos, Stephen F.	
STREET ADDRESS	8300 S OLD KINGS. RD. APT. 3		3.3 STREET ADDRESS	8300 S. OLD KINGS RD. #2	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville FL 32217	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE: 1/17/96 — Daytime Phone #: 904 346 0177