

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V11096** (7)

1. Corporation Name

JACKSONVILLE HOUSE OF FLOORS, INC.



Principal Place of Business

**10959 PATTON ROAD
JACKSONVILLE FL 32216**

Mailing Address

**10959 PATTON ROAD
JACKSONVILLE FL 32216**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CRAWFORD, JOHN R.
225 WATER STREET
SUITE 900
JACKSONVILLE FL 32202**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

05/01/1995

4. FET Number

59-3104010

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. 190.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(2), Florida Statutes, the above-named corporation makes 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 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D KOENIG, RICHARD S.**
STREET ADDRESS **10959 PATTON ROAD**
CITY, ST, ZIP **JACKSONVILLE FL**

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. CITY, ST, ZIP
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. CITY, ST, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. CITY, ST, ZIP
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. CITY, ST, ZIP
18. NAME
19. STREET ADDRESS
20. 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 statement in Section 119.07(3)(c), Florida Statutes. I further certify that the information included on this annual report or supplement if 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 business empowered to exercise the report as required by Chapter 600, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on other names with an address.

SIGNATURE

Richard S. Koenig **Richard S. KOENIG** 4/10/96 904-645-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)