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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V41535

(8)

1. Corporation Name

ULTIMATE FLOOR COVERING, INC.

Principal Place of Business

Mailing Address

~~600 D SEAGATE DRIVE~~
NAPLES FL 33940

~~600 D SEAGATE DRIVE~~
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/05/1992

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0344718

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 5002 Tamiami Tr. N.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Naples FL

28

Zip Country

29 Zip Country

24 33940

25

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD, DONNA L.

~~600 D SEAGATE DRIVE~~ 5002 N. TAMAMI TRAIL
NAPLES FL 33940

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

DONNA L. HOWARD

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

D

MARTIN, BILL

STREET ADDRESS

552 LANDMARK DR.

CITY - ST - ZIP

NAPLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HOWARD, RICHARD L., SR.

STREET ADDRESS

3475 GOLDEN GATE BLVD.W

CITY - ST - ZIP

NAPLES FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

MARTIN, MARCIA

STREET ADDRESS

552 LANDMARK DR.

CITY - ST - ZIP

NAPLES FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HOWARD, DONNA L.

STREET ADDRESS

3475 GOLDEN GATE BLVD.W

CITY - ST - ZIP

NAPLES FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HOWARD, DONNA L.

STREET ADDRESS

3475 GOLDEN GATE BLVD.W

CITY - ST - ZIP

NAPLES FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HOWARD, DONNA L.

STREET ADDRESS

3475 GOLDEN GATE BLVD.W

CITY - ST - ZIP

NAPLES FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HOWARD, DONNA L.

STREET ADDRESS

3475 GOLDEN GATE BLVD.W

CITY - ST - ZIP

NAPLES FL

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:

Donna L. Howard

DONNA L. HOWARD

4-21-95

819-262-2814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #