

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2: 54

DOCUMENT # V53062 (8)
1. Corporation Name
ASSOCIATED CARPET MILLS & CONSTRUCTION INC.

Principal Place of Business
3114 SAN MATEO ST.
CLEARWATER FL 34619

Mailing Address
3114 SAN MATEO ST.
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/22/1992

3a. Date of Last Report
06/01/1994

4. FEI Number
59-3138733

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 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

JOSEPH, THOMAS
3114 SAN MATEO ST.
CLEARWATER FL 34619

81 Name Joseph, Thomas
82 Street Address (P.O. Box Number is Not Acceptable)
3114 San Mateo St.
83
84 City Clearwater FL 85 Zip Code 34619

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 furnishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JOSEPH, THOMAS R
STREET ADDRESS 3114 SAN MATEO ST.
CITY- ST- ZIP CLEARWATER FL 34619

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

TITLE V
NAME OSTROWSKY, KENDAL
STREET ADDRESS 6620 W. LINEBAUGH
CITY- ST- ZIP TAMPA FL 33625

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

TITLE S
NAME JOSEPH, WILLIAM
STREET ADDRESS 3114 SAN MATEO ST.
CITY- ST- ZIP CLEARWATER FL 34619

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE T
NAME JOSEPH, CHARLES W
STREET ADDRESS 5753 FORESTER PINE COURT
CITY- ST- ZIP SARASOTA FL 34242

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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 registered business 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 addition if not an addition.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

3/3/95 (913)820-0451