FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V53062

1. Corporation Name

ASSOCIATED CARPET MILLS & CONSTRUCTION INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90030 022 ***150.00



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Principal Place of Business Mailing Address			*			Į			•		
3114 SAN MATEO ST. 3114 SAN MATEO ST.											
CLEARWATER FL 34619 .		CLEARWATER FL 34619				DO NOT WRITE IN THIS SPACE					
						3. Date Incorpor					
						07/22/1992					
2 Principal B	lace of Business	2a. Mailing Address				4. FEI Number	-		-	App	ied For
	iace of bosiness	⊢				59-3138733				Not Applicable	
21 Suite Ant	#	Suite, Apt. #, etc.				\$8.75					
Suite, Apt.	#, etc.					5. Certificate of S	Status Desired		•	e Req	
22	<u></u>	City & State				. 5. 0. 0.	! C !!				
City & Stat	le .	 			L	6. Election Camp - Trust Fund Co		□		.00 N ded to	
Zin Country		Zio Country								ueu to	1 003
Zip	Country Zip		Country			8. This corporati		ent year into	Ingibie Yes		No
24	25	29 36	0]			Personal Prop		Panistared A			3(110
	9. Name and Address of Current	Registered Agent	81	Пы	ame	TO, Maille allu A	udiess of New 1	vegistereu z	-gont		
ines	CDLI THOMAS		"	144	anic						
JOSEPH, THOMAS 3114 SAN ,ATEP STREET			82	≀ S	treet Addres	ss (P.O. Box Numb	er is Not Accept	able)			
ULE	ARWATER FL 34619		83	i							
			84	1 0	ity				85	Zip C	ode
			"	Ί,	-ty			FL		_,	
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	/e-na	med corpor	ration submits this	statement for the	purpose of	changi	ng its r	egistered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth ons of Section 607 0505. Florid	horized by la Statutes	/ the s.	corporation	's board of director	s. I nereby acce	pt the appoir	unent	as reg	stered
			c-01		Pos.	e e		4/13/9	79		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistere Age	ant sign	nature required v	when reinstating)		DATE	<u>,</u>		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CI	HANGES TO OF	FICERS AN	D DIRE	CTOF	S IN 12
TITLE	P	☐ DELETE	1.1 TITLE		_ P				Cha	ange	☐ Addition
NAME	JOSEPH, THOMAS R		1.2 NAME		1	to Joseph	h.Thoma	45			
STREET ADORESS			1.3 STREE	1.3 STREET ADDRESS		RIX Rays	hóre Blu	٠, اح			
CITY-ST-ZIP			1.4 CITY-5	ST-71F	, 4	Ro Josep 1818 Bays ampon f	FL 736	n			
TITLE	V	☐ DELETE	2.1 TITLE	J (- Z.II		- Pearl	_15	1,1	Ch:	ange	Addition
	OSTROWSKY, KENDAL		2.2 NAME	Į							
NAME					NDE-00						
STREET ADDRESS	1		2.3 STREE								
CITY-ST-ZIP	TAMPA FL 33604	M per ere	2. 4 CITY-ST-ZI		P				☐ Chi	ange	[Addition
TITLE	S	DELETE	3.1 TITLE							yu	
NAME	OODE IN THEE AN		3.2 NAME								
_STREET ADDRESS			3.3 STREE	T ADO	ORESS		> -				-
CITY-ST-ZIP	CLEARWATER FL 34619		3.4. CITY-	ST-ZIF	<u> </u>						[] A - 24:
TITLE	ነ ፕ	DELETE	4.1 TITLE						□ Ch	aude	Addition
NAME	JOSEPH, CHARLES W		4. 2 NAME	į							
STREET ADDRESS	5753 FORESTER PINE COURT 4.		4.3 STREE	4.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34242		4.4 CITY-5	ST-ZIF	<u> </u>						
TITLE		☐ DELETE	5.1 TITLE						☐ Ch	ange	☐ Addition
NAME			5.2 NAME						•		
STREET ADDRESS			5.3 STREE	ET ADE	DRESS						
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP	, '						
TITLE		☐ DELETE	6.1 TITLE		_	=			☐ Ch	ange	Addition
			6.2 NAME						_	-	
NAME	}		6.3 STREE		DRESS						
STREET ADDRESS	I		0.0 OIALL	~	,,_,,						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: