

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000002177

**Entity Name:** ABELL'S FLOOR COVERING & HOME IMPROVEMENTS, INC.

**FILED**  
**Feb 01, 2017**  
**Secretary of State**  
**CC8376956423**

**Current Principal Place of Business:**

1040 S. VOLUSIA AVENUE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1040 S. VOLUSIA AVENUE  
ORANGE CITY, FL 32763

**FEI Number: 59-2880529**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ABELL , WILLIAM C II  
5675 N. HWY 11  
DE LEON SPRINGS, FL 32130 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: WILLIAM C. ABELL II**

**02/01/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ABELL, WILLIAM CII  
Address 5675 N HWY 11  
City-State-Zip: DELEON SPRINGS FL 32130

Title V  
Name ABELL, III, WILLIAM C  
Address 1568 EUCLID AVE  
City-State-Zip: DELAND FL 32763

Title V  
Name ABELL, NATHANIEL T  
Address 5675 N HWY 11  
City-State-Zip: DELEON SPRINGS FL 32130

Title ST  
Name STROUD, MARILYN  
Address 1227 5TH. ST.  
City-State-Zip: ORANGE CITY FL 32763

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARILYN STROUD**

**ST**

**02/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date