CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:41

DOCUMENT # 231918 (4)

1. Corporation Name
DIXIE CONTRACT CARPET, INC.

Principal Place of Business		Mailing Address	
4215 SOUTHPOINT BLVD	SUITE 100	4215 SOUTHPOINT BLVD	SUITE 100
JACKSONVILLE FL 32216		JACKSONVILLE FL 32216	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1960
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business (21): 7523 Phillips Highway
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): Jacksonville, FL
City & State (28):
Zip (24): 32216
Country (25):
Zip (29):
Country (30):

4. FEI Number: 59-0902287 ☐ 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

9. Name and Address of Current Registered Agent

JACOBSON,LEO
7523 PHILLIPS HWY
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	V ☐ Change ☒ Addition
NAME	~~JACOBSON,LEO~~	12 NAME	Jacobson, Sam
STREET ADDRESS	~~7523 PHILLIPS HWY~~	13 STREET ADDRESS	7523 Phillips Highway
CITY ST ZIP	~~JACKSONVILLE FL~~	14 CITY ST ZIP	Jacksonville, FL
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JACOBSON,SHEILA I	22 NAME	
STREET ADDRESS	7523 PHILLIPS HWY	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	T/D	31 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, LEO	32 NAME	
STREET ADDRESS	7523 PHILLIPS HWY	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, SHEILA I.	42 NAME	
STREET ADDRESS	7523 PHILLIPS HWY	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SASSARD, CHERYL	52 NAME	
STREET ADDRESS	4215 SOUTHPOINT BLVD 100	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	54 CITY ST ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, LEO	62 NAME	
STREET ADDRESS	7523 PHILLIPS HWY	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Leo Jacobson, President 3/7/95 (904) 296-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #