FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 411089 (6)

1. Current Name

WELDON HANEY CARPETS, INC.

MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
130 N STARCREST CLEARWATER FL 34625	130 N STARCREST CLEARWATER FL 34625

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated / Qualified 10/18/1972	3a. Date of Last Report 04/27/1994
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27	4. FEI Number 59-1499237	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / County 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has paid, or intends to pay, tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANEY, JOE WELDON 2063 OAKADIA DRIVE S. CLEARWATER FL 34624	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 Section 607.1007 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
Title	PD	Title	☐ Change ☐ Addition
Name	HANEY, JOLENE	Name	
Street Address	2063 OAKADIA DR.	Street Address	
City-St-Zip	CLEARWATER FL	City-St-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	GETER, PAULA LYN	Name	
Street Address	2063 OAKADIA DR.	Street Address	
City-St-Zip	CLEARWATER FL	City-St-Zip	
Title	VD	Title	☐ Change ☐ Addition
Name	JOE WELDON HANEY	Name	
Street Address	2063 OAKADIA DR.	Street Address	
City-St-Zip	CLEARWATER FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I do hereby certify that the information supplied with this filing is absolutely true and correct and 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 is current and that any agent(s) appointed 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 with an address, with an asterisk.

SIGNATURE: Jolene Haney - Jolene Haney 5/4/95 813-442-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0459296 FP

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1995

DOCUMENT # 412272 (7)

FAULKNER, INC.

358 BAILEY RD
VENICE FL 34292

358 BAILEY RD
VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1972

3a. Date of Last Report: 08/01/1994

4. FEI Number: 59-1428714 — 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	10. Name and Address of New Registered Agent
MOORE, ROBERT L. 409 KUNZE RD. VENICE, FL 34292	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	TD	TITLE	TD ☒ Change ☐ Addition
NAME	FAULKNER, LINDA F	NAME	Faulkner, Jay S.
STREET ADDR	358 BAILEY RD	STREET ADDRESS	2835 Greendale Rd.
CITY-ST-ZIP	VENICE, FL 00000	CITY-ST-ZIP	North Port, FL 34287
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	FAULKNER, KEVIN	NAME	
STREET ADDR	358 BAILEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	FAULKNER, HANSEL	NAME	
STREET ADDR	358 BAILEY RD	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	FAULKNER, LINDA	NAME	
STREET ADDR	358 BAILEY RD	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	GILPIN, DAVID	NAME	
STREET ADDR	3423 DANTE DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDR		STREET ADDRESS	
CITY-ST-ZIP		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)(x), 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: [signature] Kevin Faulkner 5/7/95 813-485-6837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0456411 FP