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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700003004 (5)

SHAW CONTRACT FLOORING SERVICES, INC.

## FILED May 13 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address     |                                      |                                                 |                                                          |                                    |                                                   |                          |                                                                      |                                  |                                                                                                         |                                        |                                |   |  |  |
|-------------------------------------------------|--------------------------------------|-------------------------------------------------|----------------------------------------------------------|------------------------------------|---------------------------------------------------|--------------------------|----------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|---|--|--|
| 616 E. WALNUT AVE. 616 E. WALNUT AVE.           |                                      |                                                 |                                                          |                                    |                                                   |                          |                                                                      |                                  |                                                                                                         |                                        |                                |   |  |  |
| ן ע                                             | al <b>to</b> n ga                    | 30720                                           |                                                          | DALION                             | ON GA 30720                                       |                          |                                                                      |                                  | DO NOT WRITE IN T                                                                                       | DO NOT WRITE IN THIS SPACE             |                                |   |  |  |
|                                                 |                                      |                                                 |                                                          |                                    |                                                   |                          |                                                                      |                                  | 3. Date Incorporated or Qualified                                                                       |                                        |                                |   |  |  |
|                                                 |                                      |                                                 |                                                          |                                    |                                                   |                          |                                                                      |                                  | 06/10/1997                                                                                              |                                        | ŀ                              |   |  |  |
| 2.                                              | Principal P                          | Place of Busin                                  | ness                                                     | 2a. Mailing Address                |                                                   |                          |                                                                      |                                  | 4. FEI Number                                                                                           | TTA                                    | oplied For                     |   |  |  |
| 21                                              | <del></del>                          |                                                 |                                                          | 26 P.O. DRAWER 2128                |                                                   |                          |                                                                      | •                                | 58-2240471                                                                                              | Not Applicable                         |                                |   |  |  |
|                                                 | Sulte, Apt. #, etc.                  |                                                 |                                                          | Suite, Apt. #, etc.                |                                                   |                          |                                                                      |                                  |                                                                                                         |                                        | Additional                     |   |  |  |
| 22                                              |                                      |                                                 | 27                                                       |                                    |                                                   |                          |                                                                      | 5. Certificate of Status Desired | Fee R                                                                                                   | equired                                |                                |   |  |  |
|                                                 | City & State                         |                                                 |                                                          | City & State                       |                                                   |                          |                                                                      |                                  | 6. Election Campaign Financing                                                                          | \$5.00                                 | May Be                         |   |  |  |
| 23                                              |                                      | 28 DALTON                                       |                                                          |                                    | -TON, (                                           |                          |                                                                      |                                  | Trust Fund Contribution                                                                                 | Added                                  | to Fees                        |   |  |  |
|                                                 | Zip                                  | h                                               |                                                          |                                    |                                                   | Cou                      | Country 8. This corporation owes or has paid the current year Inlang |                                  |                                                                                                         |                                        |                                | , |  |  |
| 24                                              |                                      |                                                 |                                                          |                                    |                                                   | 30                       |                                                                      |                                  |                                                                                                         |                                        |                                |   |  |  |
| 9, Name and Address of Current Registered Agent |                                      |                                                 |                                                          |                                    |                                                   |                          |                                                                      |                                  | 10. Name and Address of New Registered Agent  81 Name                                                   |                                        |                                |   |  |  |
| CORPORATION SERVICE COMPANY                     |                                      |                                                 |                                                          |                                    |                                                   |                          | 6'                                                                   | манне                            |                                                                                                         |                                        | Į.                             |   |  |  |
| 1201 HAYS STREET                                |                                      |                                                 |                                                          |                                    |                                                   |                          | 82                                                                   | Street.                          | Address (P.O. Box Number is Not Acceptable)                                                             |                                        |                                |   |  |  |
| TALLAHASSEE FL 32301-2525                       |                                      |                                                 |                                                          |                                    |                                                   |                          | 83                                                                   |                                  |                                                                                                         |                                        |                                |   |  |  |
|                                                 |                                      |                                                 |                                                          |                                    |                                                   |                          | 83                                                                   |                                  |                                                                                                         |                                        | ĺ                              |   |  |  |
|                                                 |                                      |                                                 |                                                          |                                    |                                                   |                          |                                                                      | City                             |                                                                                                         | 85 Žip                                 | Code                           |   |  |  |
|                                                 |                                      |                                                 |                                                          |                                    |                                                   |                          | Ш                                                                    |                                  |                                                                                                         | <u>-L</u>                              |                                |   |  |  |
| 11,                                             | Pursuant<br>office or r              | to t <b>he</b> provis<br>reai <b>ste</b> red ac | ions of Sections 607.0502<br>ient, or both, in the State | 2 and 607.1508<br>of Florida. Such | , Flori <b>da Stat</b> u<br>i cha <b>nce wa</b> s | ites, the a<br>authorize | bove-r<br>d by ti                                                    | named<br>he com                  | corporation submits this statement for the purpos<br>poration's board of directors. I hereby accept the | se of changing<br>appointment as       | its registered<br>s reaistered |   |  |  |
|                                                 | agent. La                            | am familiar w                                   | th, and accept the obliga                                | tions of, Sectio                   | n 60 <b>7.050</b> 5, F                            | Iorida Stat              | tutes.                                                               | '                                | , , , , , , , , , , , , , , , , , , , ,                                                                 |                                        |                                |   |  |  |
| SIG                                             | SNATURE                              |                                                 |                                                          |                                    |                                                   |                          |                                                                      |                                  |                                                                                                         | ······································ |                                |   |  |  |
| <u> </u>                                        |                                      | Signature, typec                                | OFFICERS AND                                             |                                    | · (NO                                             | 11: Registere            | d Agent                                                              | signature                        | o required when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS                                          |                                        | DC (N. 10                      | Ę |  |  |
| 12.                                             |                                      | <u> </u>                                        | OF ICE TO AIVE                                           | / DINI CICHS                       | DELETE                                            |                          | ITI G                                                                |                                  | ADDITIONS/CHANGES TO OFFICERS                                                                           | Change                                 | Addition                       | č |  |  |
| NAME                                            |                                      | LONG,                                           | H. HAI                                                   |                                    |                                                   |                          | 1.1 TITLE<br>1.2 NAME                                                |                                  |                                                                                                         |                                        |                                | Ξ |  |  |
| STREET ADDRESS 616 E. WALNUT A                  |                                      |                                                 |                                                          |                                    |                                                   |                          |                                                                      | DOCOC.                           |                                                                                                         |                                        | 1                              | Š |  |  |
| 1                                               |                                      | DALTON GA 30720                                 |                                                          |                                    |                                                   |                          | 1.3 STREET ADDRESS<br>1.4 City-St-Zip                                |                                  |                                                                                                         |                                        |                                | Š |  |  |
| TITL                                            | - ST - ZiP                           | D                                               |                                                          |                                    | DELETE                                            | 2.1 1)                   |                                                                      | ZIP                              |                                                                                                         | Change                                 | Addition                       | 2 |  |  |
| NAME                                            |                                      | LITTLE, W. NORRIS                               |                                                          |                                    |                                                   |                          | 2 NAME                                                               |                                  |                                                                                                         |                                        |                                |   |  |  |
| l                                               | EET ADDRESS                          |                                                 | WALNUT AVE.                                              |                                    |                                                   |                          | RECT ADDRESS                                                         |                                  |                                                                                                         |                                        |                                |   |  |  |
| 1                                               | -ST-ZIP                              |                                                 | I GA 30720                                               |                                    |                                                   |                          | 2. 4 CITY-ST-ZIP                                                     |                                  |                                                                                                         |                                        | ì                              |   |  |  |
| TITL                                            |                                      | P                                               |                                                          | <del></del>                        | DELETE                                            |                          | 3.1 TITLE                                                            |                                  | D                                                                                                       | Change                                 | Addition                       |   |  |  |
| NAME                                            |                                      | HOUSTON, JAY M                                  |                                                          | — <del></del>                      |                                                   | 4                        | 3.2 NAME                                                             |                                  |                                                                                                         |                                        |                                |   |  |  |
| STREET ADORESS                                  |                                      | 1918 FARRINGTON DR.                             |                                                          |                                    |                                                   |                          | 3.3 STREET ADDRESS                                                   |                                  |                                                                                                         |                                        |                                |   |  |  |
| CITY-ST-ZIP                                     |                                      | DALTON GA 30720                                 |                                                          |                                    |                                                   |                          | 3.4. CITY - ST - ZIP                                                 |                                  |                                                                                                         |                                        |                                |   |  |  |
| TITLE                                           |                                      | S                                               |                                                          |                                    | DELETE                                            |                          | TLE                                                                  | <u> </u>                         |                                                                                                         | Change                                 | Addition                       |   |  |  |
| !                                               | AME LAUGHTER, BENNIE M               |                                                 |                                                          | _                                  |                                                   | AME                      |                                                                      |                                  | _ "                                                                                                     |                                        |                                |   |  |  |
|                                                 | STREET ADDRESS 4004 MILLSTONE CIRCLE |                                                 |                                                          |                                    |                                                   |                          | TREET AD                                                             | DAEGG .                          |                                                                                                         |                                        |                                |   |  |  |
| }                                               | -ST-ZIP                              | ROCKY FACE GA 30740                             |                                                          |                                    |                                                   |                          | ITY-ST-                                                              |                                  |                                                                                                         |                                        | ŀ                              |   |  |  |
| TITU                                            |                                      | AS                                              |                                                          |                                    | DELETE                                            | 51 Ti                    |                                                                      | ZIF                              |                                                                                                         | Change                                 | Addition                       |   |  |  |
| l                                               |                                      | 1                                               | N, NORMAN D                                              |                                    |                                                   | 5.2 N/                   |                                                                      |                                  |                                                                                                         |                                        |                                |   |  |  |
| NAME<br>Street address                          |                                      | 3342 WEST ARMUCHEE                              |                                                          |                                    |                                                   |                          |                                                                      | JUBECC .                         |                                                                                                         |                                        |                                |   |  |  |
|                                                 |                                      |                                                 | RVILLE GA 30747                                          |                                    |                                                   |                          | 5.3 STREET ADDRESS<br>5.4 CITY - ST- ZIP                             |                                  |                                                                                                         |                                        |                                |   |  |  |
| TITL                                            | -ST-ZIP                              |                                                 |                                                          |                                    | DELETE                                            | 6.1 Ti                   |                                                                      | LIF !                            | т                                                                                                       | Change                                 | Addition                       |   |  |  |
| NAM                                             |                                      |                                                 |                                                          |                                    |                                                   | 6.2 N/                   |                                                                      |                                  | DOUGLAS H. HOSKWS                                                                                       | ن پرستان                               |                                |   |  |  |
| 1                                               | ET ADORESS                           |                                                 |                                                          |                                    |                                                   |                          | rime<br>Treet ad                                                     | notee i                          | 1708 BRIARCLIFF CIRCLE                                                                                  |                                        |                                |   |  |  |
| ì                                               |                                      |                                                 |                                                          |                                    |                                                   | 1                        |                                                                      |                                  | DALTON, GA 30720                                                                                        |                                        |                                |   |  |  |
|                                                 | I hereby o                           | Certify that th                                 | e information aupulied wi                                | th this filing dor                 | s not qualify                                     |                          | ITY-ST<br>emptic                                                     |                                  | ed in Section 119.07(3)(i), Florida Statutes. I furthe                                                  | r certify that the                     | e information                  |   |  |  |
| 1                                               | indicated                            | on this area                                    | al report de chaplementa                                 | Langual reflort                    | ic Info and ac                                    | Aurola an                | d that                                                               | mu ein                           | mature shall have the same lengt affect as if made                                                      | under eath: th                         | at Laman                       |   |  |  |

4. 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 is supplied annual report is supplied 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 trylled engagement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapters or on an attachment with an address.

SIGNATURE: 1/Madde At TIBOLINA

DOUGLAS H. HOSKINS

170/278-3812