

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

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**May 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P02483 (6)**  
1. Corporation Name  
**SHAW INDUSTRIES, INC.**



Principal Place of Business: **616 EAST WALNUT AVENUE DALTON GA 30721-4409**  
Mailing Address: **616 EAST WALNUT AVENUE DALTON GA 30721-4409**

3. Date Incorporated or Qualified: **06/21/1984** 3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **58-1032521** 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

2. Principal Place of Business: 21 **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: 26 **P.O. Drawer 2128** Suite, Apt. #, etc.: **27** City & State: **28** **Dalton, GA** Zip: **29** **30721-4409** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name: **CT CORPORATION SYSTEM**  
82 Street Address (P.O. Box Number is Not Acceptable): **1200 S. PINE ISLAND ROAD**  
83 **PLANTATION FL 33324**  
84 City: **PLANTATION** 85 Zip Code: **FL 33324**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>SHAW, J.C.</b>
STREET ADDRESS	<b>721 WEST AVE.</b>
CITY - ST - ZIP	<b>CARTERSVILLE GA</b>
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE
NAME	<b>LUSK, WILLIAM C. JR.</b>
STREET ADDRESS	<b>1305 MORTON DR.</b>
CITY - ST - ZIP	<b>DALTON GA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARLIN, ROBERT R.</b>
STREET ADDRESS	<b>3131 SLATON DR., NW</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>LITTLE, W. NORRIS</b>
STREET ADDRESS	<b>3131 NORTH GOOSEHILL RD.</b>
CITY - ST - ZIP	<b>ROCKY FACE GA</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>HOSKINS, SOUGLAS H</b>
STREET ADDRESS	<b>912 W. WAUGH ST.</b>
CITY - ST - ZIP	<b>DALTON GA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Chairman Emeritus</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>104 North Goosehill Road</b>
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Hoskins, Douglas H.</b>
5.3 STREET ADDRESS	<b>1708 Briarcliff Circle</b>
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Douglas H. Hoskins* **Douglas H. Hoskins** 4/23/97 (906) 278-3814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)