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03-11-1999 90110 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P02483**

1. Corporation Name
SHAW INDUSTRIES, INC.



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

Mailing Address
**P.O. DRAWER 2128
 DALTON GA 30722
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/21/1984

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CED	<input type="checkbox"/> DELETE
NAME	SHAW, J.C.	
STREET ADDRESS	721 WEST AVE.	
CITY-ST-ZIP	CARTERSVILLE GA 30210	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	LUSK, WILLIAM C. JR.	
STREET ADDRESS	600 HIGHWATER RD.	
CITY-ST-ZIP	DAYTON TN 37321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARLIN, ROBERT R.	
STREET ADDRESS	3131 SLATON DR., NW	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LITTLE, W. NORRIS	
STREET ADDRESS	104 NORTH GOOSEHILL RD	
CITY-ST-ZIP	ROCKY FACE GA 30740	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HOSKINS, DOUGLAS H	
STREET ADDRESS	1708 BRIARCLIFF CIRLCE	
CITY-ST-ZIP	DALTON GA 30720	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BENNIE M. LAUGHTER	
2.3 STREET ADDRESS	4004 MILLSTONE CIRCLE	
2.4 CITY-ST-ZIP	ROCKY FACE, GA 30740	
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	D VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Julian Saul	
6.3 STREET ADDRESS	616 E. Walnut Ave.	
6.4 CITY-ST-ZIP	Dalton, GA 30720	

14. 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 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, with all other like empowered.

SIGNATURE: *Douglas H. Hoskins* **DOUGLAS H. HOSKINS** (100) 278-3812
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CONTROLLER** Date Daytime Phone #

CR2E034 (1/98)