

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

**FILED**

97 JUN 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT  
96-1997

FLORIDA DEPARTMENT OF STATE  
Sandra W. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 995000020001  
1. Corporation Name  
Unlimited Carpet Care

Principal Place of Business Mailing Address  
6841 Dabney St.  
Ft. Myers, FL 33912

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<u>1994</u>		<u>—</u>
4.	FBI Number		Applied For
	<u>65-0578953</u>		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
H. Anthony Heist

10. Name and Address of New Registered Agent

81	Name	<u>Ken Erickson</u>
82	Street Address (P.O. Box Number Is Not Acceptable)	<u>6841 Dabney St.</u>
83	City	<u>Ft Myers</u>
84	State	<u>FL</u>
85	Zip Code	<u>33912</u>

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: Kenneth Erickson 3/27/97  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required w/ reinstatement)

12. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input type="checkbox"/> DELETE
NAME	<u>Kenneth Erickson</u>	
STREET ADDRESS	<u>6841 Dabney St</u>	
CITY-ST-ZIP	<u>Ft. Myers, FL 33912</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<u>800002217628-5</u>
14 CITY-ST-ZIP	<u>-05/19/97-0115-004</u>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<u>***915.00 ***915.00</u>
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>REINSTATEMENT</b>
44 CITY-ST-ZIP	<u>96-97</u>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<u>LF</u>
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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: Kenneth Erickson 3/27/97 941-936-2939

CR2E034 (9/96)