

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
Jun 03 1997 8:00am  
Secretary of State

DOCUMENT # 375967 (7)  
1. Corporation Name  
ABLE CARPET SERVICE, INC.



Principal Place of Business: 619 CASSAT AVENUE JACKSONVILLE, FL 32205  
Mailing Address: 619 CASSAT AVENUE JACKSONVILLE, FL 32205-4716

3. Date Incorporated or Qualified: 01/22/1971  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-1310807  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
HEMINGWAY, LEROY  
619 CASSAT AVE  
JACKSONVILLE FL 32205

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when re-appointing)

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | PD                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HEMINGWAY, LEROY        | 1.2 NAME  |   |
| STREET ADDRESS             | 619 CASSAT AVENUE       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHN RUNION             | 2.2 NAME  |   |
| STREET ADDRESS             | 4816 KING RICHARD RD    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HELEN ANNETTE HEMINGWAY | 3.2 NAME  |   |
| STREET ADDRESS             | 1960 GREENWOOD AVE.     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME  |   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 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: \_\_\_\_\_  
11-1-97 904-387-2549

CR2E034 (9/96)