NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

633 RADNOR LANE

JACKSONVILLE, FL 00000

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # 424396 (0)FAMILY CARPETS, INC. Principal Place of Business Mailing Address 7002 NORMANDY BLVD 7002 NORMANDY BLVD JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1973 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1495781 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zip Country ZipCountry This corporation owes or has paid the current year Intangible X Yes 30 Personal Property Tax due June 30. 24 25 29 Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name BRACKEN, ROBERT P. 10207 SHADY CREST DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32221 83 R4 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nation of registic red agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. VD DELETE Addition 1.1 TITLE Change BRACKEN, ROBERT P NAME 1.2 NAME 10207 SHADY CREST DR. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 21 TITLE HASELDEN, FLORA NAME 2.2 NAME 2358 BRIDGETTE WAY STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE 3.1 TITLE Addition HASELDEN, JAMES NAME 3.2 NAME 2358 BRIDGETTE WAY STREET ADDRESS 3.3 STREET ADDRESS GREEN COVE SPRINGS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE CARTER, RENE'S.

6.4 CITY - ST - ZIP CITY-ST-ZIP 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 13 if changed, or on an altachment with an address.

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5.2 NAME

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