

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90093 003 \*\*\*150.00

DOCUMENT # 424396

1. Corporation Name  
FAMILY CARPETS, INC.

Principal Place of Business

7002 NORMANDY BLVD  
JACKSONVILLE FL 32205

Mailing Address

7002 NORMANDY BLVD  
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1973

4. FEI Number

59-1495781

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 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BRACKEN, ROBERT P.  
10207 SHADY CREST DRIVE  
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name

Haselden, James

82 Street Address (P.O. Box Number is Not Acceptable)

4999 Harvey Grant Rd.

83

84 City

Orange Park

FL

85 Zip Code

32043

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 Rene S. Carter - VP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-99

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME HASELDEN, FLORA  
STREET ADDRESS 2358 BRIDGETTE WAY  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD ☐ DELETE

NAME HASELDEN, JAMES  
STREET ADDRESS 2358 BRIDGETTE WAY  
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE TD ☐ DELETE

NAME CARTER, RENE' S.  
STREET ADDRESS 633 RADNOR LANE  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SD

Haselden, Flora  
4999 Harvey Grant Rd.  
Orange Park, FL 32043

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PD

Haselden, James  
4999 Harvey Grant Rd.  
Orange Park, FL 32043

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

V/T/D

Carter, Rene  
1133 Chandler Oaks Dr  
Jacksonville, FL 32221

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-99 (904) 786-2000

CR2E034 (11/98)