FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED
MAY - 1 1995

95 MAY -1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **442889** **(2)**

1. Corporate Name

AUSTIN CARPET SERVICE, INCORPORATED

Principal Place of Business

6212 HWY 90 W
MILTON FL 32570
US

Mailing Address

6212 HWY 90 W
MILTON FL 32570
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1973**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-1500054** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AUSTIN, CHARLES SR.
7451 SAN RAMON DRIVE
MILTON FL 32570

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, CHARLES C. SR.	12 NAME	
STREET ADDRESS	7451 SAN RAMON DRIVE	13 STREET ADDRESS	
CITY ST ZIP	MILTON FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	TREASURER ☑ Change ☐ Addition
NAME	~~AUSTIN, BEVERLY G.~~ ~~WILSON, SCOTTIE~~	22 NAME	AUSTIN, Beverly G
STREET ADDRESS	14609 ANTIQUA CT	23 STREET ADDRESS	7451 San Ramon Dr
CITY ST ZIP	BOLOXI MS	24 CITY ST ZIP	MILTON FL 32583
TITLE	V	31 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	WILSON, SCOTTIE	32 NAME	WILSON, SCOTTIE
STREET ADDRESS	1601 HILCREST RD #49	33 STREET ADDRESS	14609 ANTIQUA COURT
CITY ST ZIP	MOBILE AL	34 CITY ST ZIP	BOLOXI MS
TITLE	S	41 TITLE	☑ Change ☐ Addition
NAME	BRANTLEY, PAULA	42 NAME	
STREET ADDRESS	7580 SAN RAMON DR	43 STREET ADDRESS	
CITY ST ZIP	MILTON FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and 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: Beverly G Austin Beverly G Austin 4/24/95 904 623 1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0391472 CP