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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 516245 (8)

1. Corporation Name
HOME TOWN CARPETS, INC.

Principal Place of Business	Mailing Address
RT.#1. BOX 29H WAUCHULA FL 33873	1093 US HWY 17 N WAUCHULA FL 33873 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1976

2. Principal Place of Business
21: 1093 US HWY 17N
Suite, Apt. #, etc. 22:
City & State 23: Wauchula FL
Zip 24: 33873 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-1693212 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EVORS, DON L.
HWY 17 NORTH, ROUTE 1, BOX 29-H
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name: Don L. Evors
82 Street Address (P.O. Box Number is Not Acceptable): 1093 US HWY 17N
83:
84 City: Wauchula FL 85 Zip Code: 33873

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	EVORS, DON L		1.2 NAME		
STREET ADDRESS	HIGHWAY 17 NORTH		1.3 STREET ADDRESS	1093 US HWY 17N	
CITY-ST-ZIP	WAUCHULA, FL 00000		1.4 CITY-ST-ZIP	33873	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	EVORS, MARSHA J		2.2 NAME		
STREET ADDRESS	RT. 1 BOX 29-H		2.3 STREET ADDRESS	1093 US HWY 17 N	
CITY-ST-ZIP	WAUCHULA FL		2.4 CITY-ST-ZIP	33873	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: [signature] 1-6-98 9417732353