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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris **ANNUAL REPORT** FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 29 AM 9: 20 DOCUMENT # 538967 1. Corporation Name SECRETARY OF STATE **WOODHOUSE CARPETS & INTERIORS, INC.** TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11515 66TH ST., NORTH 11515 66TH ST., NORTH **LARGO FL 34643** LARGO FL 34643 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/06/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1750232 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Ζıρ Žφ Country Country 8. This corporation owes the current year Intangible Personal Property Tax Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOODHOUSE, JON MARK Street Address (P.O. Box Number is Not Acceptable) 11515 66TH ST N LARGO FL 34643 83 84 City 85 Zip Code 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 Signature, typed or printed name of registeres agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TIFLE []Change Addition NAME **WOODHOUSE, JON MARK** 1 2 NAME 12433-102ND AVE. NORTH STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 1.4 C(1Y-ST-ZIP TITLE □ DELETE 21 TITLE -04/06/99--01035 WOODHOUSE, KAREN R. NAME 2 2 NAME ****150.00 ****150.00 12433-102ND AVE. NORTH STREET ADDRESS 2 3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIF 2 4 City-St-Zif-DELETE TITLE [| Change [] Addition 31 TITLE 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE TITLE 4.1 TITLE Γ] Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 44 CITY-ST-ZIF TITLE DELETE 5 1 TITLE [] Change [| Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 61 TITLE [] DELETE TITLE NAME 63 STREET ADDRESS STREET ADDRESS

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: / Kare

727-545-3145