

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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 571053 (8)**  
 1. Corporation Name  
**CITRUS CARPET, INC.**



Principal Place of Business <b>347 N. VOLUSIA AVENUE ORANGE CITY FL 32763</b>	Mailing Address <b>347 N. VOLUSIA AVENUE ORANGE CITY FL 32763</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>CITRUS CARPET, INC.</b>	26	<b>CITRUS CARPET, INC.</b>	05/04/1978	
Suite, Apt. #, etc. <b>333 E. Highbanks Rd., Suite B</b>		333 E. Highbanks Rd., Suite B		4. FEI Number	
City & State <b>DeBary, FL 32713</b>		City & State <b>DeBary, FL 32713</b>		59-1813658	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
			<b>VOLUSIA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<b>VOLUSIA</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROUGEUX, PIERRE J.</b> <b>15 A ASTER DRIVE</b> <b>DEBARY FL 32713</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 607.0503, Florida Statutes.

SIGNATURE: Nancy L. Wachter NANCY L. WACHTER 1-22-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUGEUX, PIERRE J</b>	1.2 NAME	
STREET ADDRESS	<b>15A ASTER DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WACHTER, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>193 CEDAR AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUSIC, KARIN</b>	3.2 NAME	
STREET ADDRESS	<b>725 DELAND AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE CITY, FL 32763</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Nancy L. Wachter NANCY L. WACHTER 1-22-98 407-668-4421

CR2E034 (10/97)