

***FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 586496

(2)

1. Corporation Name:

CARPETS BY LAMAR, INC.

Principal Place of Business:

**% JAMES LAMAR DEAN
3117 N. PALAFOX ST.
PENSACOLA FL 32501**

Main Address:

**% JAMES LAMAR DEAN
3117 N. PALAFOX ST.
PENSACOLA FL 32501**



2. Principal Place of Business:

21

State, Apt. #, etc.

22

City & State

23

Zip

County

24

25

2a. Main Address:

26

State, Apt. #, etc.

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

**DEAN, JAMES LAMAR
3117 N. PALAFOX ST.
PENSACOLA, FL. KG 32501**

3. Date incorporated for Qualification

09/14/1978

3a. Date of Last Report

04/25/1995

4. FEIN number

59-1860431

Applied For

Not Applicable

5. Contribution of State: Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

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 Section 607.01(2) and (3), Florida Statutes, the above named corporation hereby certifies that the person named for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is a person who is authorized to do so, and that the corporation is not a corporation in default of its obligation to accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	DEAN, JAMES LAMAR	3117 N PALAFOX	PENSACOLA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is true, correct, and complete, and that I am not aware of any information that would cause me to believe that the information is false or misleading. I understand that any false or misleading information may result in the corporation being subject to civil or criminal penalties, and that my name appears in Block 12 or Block 13 of this report. I am aware of the consequences of providing false or misleading information, and I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-96 904-434-2489

CR2E034 (12/95)