-	PROFIT RPORATION UAL REPORT <b>1998</b>		Sandra Secret	ARTMENT OF STATE <b>B. Mortham</b> any of State CORPORATIONS	Jan 15 19 Secretar		
	in Name –	16551	(8)				
MILL D	IRECT CARPETS,	INC.					
Principal Plac	e of Business		Mailing Address		[ ]\$\$\$(# D\'#! \\\$\T \$\\\$\` \$\\\$\$		
3091 S FRAN Inverness I Us			MILL DIRECT CPT INC 3091 S FRANKLIN TERF INVERNESS FL 34452 US	?	3. Date Incorporated or Qualified	TE IN THIS SPACE	
2. Principal Place of Business			2a. Mailing Address		04/05/1979 4. FEI Number	A	oplied For
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		59-1879045	¢0 75	ot Applicabl Additional
2		····.	27		5. Certificate of Status Desired	Fee Re	equired
City & State			City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 4	25 9. Name and Addres		Zip 29	Country 30	8. This corporation owes or has personal Property Tax due Jur 10. Name and Address of New F	ne <u>30. 🗌 Yes</u> 🗌	langible No
	WERS, RICHARD P.		legisteleu Agont	81 Name	to, Halle and Address of Harr	ieg.otoreu Agent	
	91 S FRANKLIN TERR /ERNESS FL 34450			82 Street Add	dress (P.O. Box Number is Not Accept	able)	<u> </u>
				1-1			
14 Duraunt	to the errorisions of Section		and 607 1509 Florida Story	84 City	manufina subsette this statement for the		Code
SIGNATURE	Signature. typed or printed name	of registered agent a	and title if applicable. (NO	ites, the above-named cor authorized by the corpora jorida Statutes. TE. Registered Agent signature requ		Purpose of changing it ept the appointment as	s registered
	Signature, typed or printed name OF		and title if applicable. (NO	ites, the above-named cor authorized by the corpora jorida Statutes. TE. Registered Agent signature requ 13.		Purpose of changing it ept the appointment as	s registered
SIGNATURE	Signature, typed or printed name OF PDS BOWERS, RICHARI	of registered agent a FICERS AND [	and title if applicable. (NO DIRECTORS	ites, the above-named cor authorized by the corpora jorida Statutes. TE. Registered Agent signature requ	lired when reinstating)	Durpose of changing it ept the appointment as DATE	is registered registered
SIGNATURE 12. ITTLE VAME STREET ADDRESS	Signature. typed or printed name OF PDS BOWERS, RICHARI 3091 S FRANKLIN	of registered agent a FICERS AND [	and title if applicable. (NO DIRECTORS	Ites, the above-named corr authorized by the corpora jorida Statutes. TE: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREEY ADDRESS	lired when reinstating)	Durpose of changing it ept the appointment as DATE	is registered registered
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. typed or printed name OF PDS BOWERS, RICHARI 3091 S FRANKLIN	of registered agent a FICERS AND [	and tille if applicable. (NO DIRECTORS	tes, the above-named cor authorized by the corpora jorida Statutes. TE. Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	lired when reinstating)	DATE	is registered registered IS (N 12
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