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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 62933

(0)

MCCANN CARPET SERVICE, INC.

Feb 16 1998 8:00am Secretary of State

FILED

MICCAL	NIN CARP	ET SERVICE, INC	•					1				
Principal Place of Business			Mailing	Mailing Address					A TOOLKO OLLAN SIDAKO TRADO TALEN ALEAN	BIBLI BIBLI	DEURL KUDA DUL	1) 0 /0/1 100/
1002 E. SHELL PT. RD. RUSKIN FL 33570				P.O. BOX 3647 APOLLO BEACH FL 33572 US				;	DO NOT WRITE	IN THIS S	SPACE	
									3. Date Incorporated or Qualified			
A Principal C	Name of Days		illo Addisa					07/11/1979				
2. Principal F	1aco or Busi	noss	h3	2a. Mailing Address					4. FEI Number		<u> </u>	pplied For ot Applicable
21 Suite, Apt.	# etc		26 Sui	Suite, Apt. #, etc.					59-1917575			Additional
22			ł	27					5. Certificate of Status Desired	X		equired
City & Stat	te		City & State					8. Election Campaign Financing			May Be	
23		28	28					Trust Fund Contribution			to Fees	
Ζιρ	Zip Country		Zip	Zip Cou					8. This corporation owes or has paid the current year Intangible			tangible
24					30)			Personal Property Tax due June		· · · · · · · · · · · · · · · · · · ·	_] No
	g. Name	and Address of Curr	ent Registere	d Agent		81			10. Name and Address of New Reg	platered /	Agent	
MCCANN III, EDWARD J						61	Name					
	412 DONNI JERVIEW FI					Street	Addres	ess (P.O. Box Number is Not Acceptable)				
						City			FL	85 Zip	Code	
office or i	registered a am familiar w	gent, or both, in the Sta /th, and accept the obli	te of Florida S igations of, Se	Such change was ction 607.0505, F	authori Iorida S	zed by Statutes	the cor	poratio	ration submits this statement for the pon's board of directors. I hereby accept	t the app	changing ointment as	its registered s registered
	Signature type	d or printed name of registered a					nt signature	e required	t when reinstating)	DATE		
12. TillE		OFFICERS A	ND DIRECTOR	DELETE	1	3. 1 TITLE		٦.	ADDITIONS/CHANGES TO OFFIC		Change	RS IN 12
NAME	S MCCANN, KEVIN							P-	ward J. McCann III	•	Z Oranigo	C) Addition
\ .	TREET ADDRESS 934 BUNKER VIEW DRIVE								412 Donneymoor Dr.			
	APOLLO BEACH FL.								verview FL 33569			
TITLE	V	V DEMOTT I'L		DELETE		1 TITLE	1-615	IXT.	AGIATEM ETT 22203		Change	☐ Addition
NAME	BAIRD,	LARRY				2 NAME						_
STREET ADDRESS				2.3 \$		2.3 STREET ADDRESS		1				
CITY-ST-ZIP PORT RICHEY FL				2 4			2 4 CITY-ST-ZIP					
TITLE	P	::	· ·	DEFEIL		1 TITLE					☐ Change	Addition
NAME	MCCAN	IN III, EDWARD J			3.2	2 NAME						
STREET ADDRESS 13420 LARAWAY DRIVE				33 ST			ADORESS					
CITY-ST-ZIP	RIVERV	EW FL		 -		4. CITY-S	T-ZIP	<u> </u>				
TALE	T			DELETE		1 TITLE					L Change	Addition
NAME		IN, EDWARD J III				2 NAME		ļ				
STREET ADDRESS 11412 DONNEYMOOR DR CITY-ST-ZIP RIVERVIEW FL							address					
CITY-ST-ZIP	HIVERV	EW FL		DELETE		4 CITY-ST	T - ZIP	 			Change	Addition
TITLE	[ביין העננונ		1 TITLE					L Change	La Addition
NAME CORECT ADDRESS]					2 NAME	ADDRESS					
STREET ADDRESS	[3 STAEET						
CITY-ST-ZIP TITLE	 			DELETE		4 CITY - SI 1 TITLE	: - LIP	 			Change	Addition
NAME)					2 NAME		[
STREET ADDRESS]					2 NAMEET.	ADDRESS					
SHELL PULLESS	I					4 CITY-SI						

14. Thereby 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 of further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Colvered M'lan-III

2-9-98

(813)645.2787