PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004203

1. Corporation Name

RUG DOCTOR, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90225 044 ***150.00



										arian ())((e))
Principal Place of Business Mailing Address										
2788 N. LARKIN AVE 2788 N. LARKIN AVE										
FRESNO CA 93727		FRESNO CA 93727			DO NOT WIDITE IN THIS SPACE					
US		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						•	ananten			ļ
		1 - 44 % 411				09/15/1993 4. FEI Number				
	ace of Business	2a. Mailing Address			1				plied For	
<u>21 4701 </u>	Old Shep Ard Pl.	26 4701 Old ShePArd Pl.			16-1323190			 _	t Applicable	
Suite, Apt.	≠, etc.	Suite, Apt. #, etc.			5. Certifcate of Status De	esired [-	\$8.75 A		
22		City & State				 -			<u> </u>	
City & State	_	City & State Plano, TX			6. Election Campaign Fir	- 1		\$5.00	- 1	
Plano, TX					Trust Fund Contribution			Added t	o rees	
Zip Country		Zip Country 29 75093 30 Collin			2	8. This corporation owes the current year Intangible Personal Property Tax.				
75093		75093	30 CC	TT	<u>ın</u> _	Personal Property Tax				
9. Name and Address of Current Registered Agent 81						10. Name and Address of	i New Ke	jistered A	igent	i
СТ	CORPORATION SYSTEM				Name					
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324										
PLAN	HAHUN FL 33324			83						Ì
				84	City	·			85 Zip C	Code
					•			<u> FL </u>		
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										
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligation	r Florida. Such change was ons of. Section 607.0505. F	i autnorized Iorida Stati	ı by in ites.	e corporati	on's board of directors. There	ру ассері і	пе арропт	unent as reg	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent)						ed when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFIC	CERS AND		
TITLE	PCD	DELETE	1.1 TIT	LE	į				(X) Change	Addition
NAME	KENT, JERRY R		1.2 NA	-						
STREET ADDRESS	1724 CLIFFVIEW DRIVE		1.3 ST	REETA	DDRESS 47	01 Old Shep A	rd P	lace		1
CITY-ST-ZIP	PLANO TX 75093		14 CI	ry-st-z	zıp P1	ano, TX 7509	93			l
TITLE	VCD	☐ DELETE	2.1 TI						Change	☐ Addition
NAME	KENT, JEANETTE H		2.2 NA	ME						ļ
STREET ADDRESS	1724 CLIFFVIEW DRIVE		2351	REET A	DORESS 47	01 Old Shep'A	Rd P	lace		į
	PLANO TX 75093		1	TY-ST-	T- 1	lano, TX 750				
CfTY-ST-ZIP	P P	☐ DELETE	3.1 TII		<u> </u>				X Change	Addition
TITLE	WALL, TIM	_ ~200,1	3.2 NA		ļ					_
NAME				-	nonece 1	701 Old Shep	a rd I	21200	د	ļ
STREET ADDRESS	2788 N. LARKIN AVE					lano, TX 750		,	•	Ì
CITY-ST-ZIP	FRESNO CA 93727	☐ DELETE		TY-ST-	ZIP P	Tano _l IA /JC	, <u>, , , , , , , , , , , , , , , , , , </u>		(X) Change	Addition
TITLE	ST PARTIES THE		4.1 Tri							
NAME	DAVIDIAN, TIM		4. 2 N		1	701 014 Chane	A ~ A I	21200]
STREET ADDRESS	2788 LARKIN AVE		1) -	701 Old Shep		: race	-	}
CITY-ST-ZIP	FRESNO CA 93727			TY-ST-Z	ZIP P	lano, TX 750	93		-XChanna	□ Addition
TITLE	V	☐ DELETE	5.1 TIT						Z i-Change	Addition
NAME	WALL, KAREN		5.2 NA			701 013 Ch		1		
STREET ADDRESS	2788 N. LARKIN AVE					701 Old Shep		тасе		
CITY-ST-ZIP	FRESNO CA 93727			TY-ST-Z	zıp [P]	Lano, TX 750	93			
TITLE	-	☐ DELETE	6.1 TI	rLE.					☐ Change	☐ Addition {
NAME			6.2 NA	ME						1
STREET ADDRESS			6.3 ST	REETA	DDRESS					
				n, ar -	l					

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.

Tim Davidian, Sec/Tre IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/99 (972) 673-1400

Daytime Phone #