

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004671 (1)

1. Corporation Name
CARPETSMAART, INC.

Principal Place of Business

PO BOX 2600
DALTON GA 30722

Mailing Address

PO BOX 2600
DALTON GA 30722-2600



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 616 E. Walnut Ave		26 P.O. Drawer 2128		09/11/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Dalton, GA		28 Dalton, GA		58-2240516		Not Applicable	
24 30720		29 30720-2128		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0505, Florida Statutes.

SIGNATURE

Signature, type 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	D	1.1 TITLE	DP
NAME	BELL, VANCE D	1.2 NAME	
STREET ADDRESS	703 GREENWOOD DR.	1.3 STREET ADDRESS	202 South Gouschill Rd.
CITY - ST - ZIP	DALTON GA 30720	1.4 CITY - ST - ZIP	Rocky Face, GA 30740
TITLE	T	2.1 TITLE	
NAME	HOSKINS, DOUGLAS H	2.2 NAME	
STREET ADDRESS	912 WAUGH	2.3 STREET ADDRESS	1708 Brimcliff Circle
CITY - ST - ZIP	DALTON GA 30720	2.4 CITY - ST - ZIP	Dalton, GA 30720
TITLE	S	3.1 TITLE	
NAME	LAUGHTER, BENNIE M	3.2 NAME	
STREET ADDRESS	4004 MILLSTONE CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKY FACE GA 30740	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	FREEMAN, NORMAN B	4.2 NAME	
STREET ADDRESS	3342 W. ARNOLD RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERVILLE GA 30747	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE

Date

Daytime Phone #

0477361

CR2E034 (9/96)