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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000002134 (1)

MACI AND CADDETS INC

MAGLA	IND CARPETS, INC.				
Principal Plac	ea of Rusiness	Mailing Address			
Principal Place of Business Mailing Address 716 BILL MYLES DRIVE 716 BILL MYLES DRIVE					
SARALAND AL 36571 SARALAND AL 36571					
on the second se			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				04/23/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		63-1095390	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & Stat	ө	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Currer	29	30]	Personal Property Tax due June 30.	Yes No
٠,	T CORPORATION SYSTEM	it negistered Agent	81 Name	10. Name and Address of New Registers	ed Agent
	00 80 UTH PINE ISLAND ROAD		VI Name	•	
	ANTATION FL 33324		82 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
, ,	7 THE SOUR		83		
			63		
	3		84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	12 and 607 1508. Florida Statut	ge the above-named cor	poration submits this statement for the purpose	of phagging its registered
Oince or r	egistered agent, or both, in the State im temperature agent, or both, in the State im temperature agent the obligion.	i of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accept the a	sppointment as registered
_	in landia with and accept the bong	ations of, Section 607.0505, Fit	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title it applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	CD	☐ DELETE	1.1 TITLE		Change Addition
NAME	FRIERSON, DANIEL K		1.2 NAME		
STREET ADDRESS	1100 SOUTH WATKINS		1.3 STREFT ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN		1.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	DEMPSEY, KENNETH L		2.2 NAME		
STREET ADDRESS	(100 SOUTH WATKINS		2 3 STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN		2. 4 CITY-ST-ZIP		
TITLE	V CONTRACT	☐ DELETE	3.1 TITLE		Change Addition
NAME	BERRY, GLENN A		3.2 NAME		
STREET ADDRESS	716 BILL MYLES DRIVE		3.3 STREET ADDRESS		
CITY - ST - ZIP	\$ARALAND AL		3.4. CITY-ST-ZIP		
TITLE	V	DELETE	4.1 TITLE		Change Addition
NAME	DOLAN, DONALD		4. 2 NAME		
STREET ADDRESS	716 BILL MYLES DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARALAND AL		4.4 CITY-ST-ZIP		
TITLE	VI LACATED D.E	☐ DÉLÉTE	5 1 TITLE		Change Addition
NAME	LASATER, D E		5.2 NAME		
STREET ADDRESS	716 BILL MYLES DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARALAND AL		5.4 CITY - ST - ZIP		
TITLE	S MEN STADD	☐ DÉLETE	6.1 TITLE		Change Addition
NAME	KLEIN, STARR		6.2 NAME		
STREET ADDRESS	716 BILL MYLES DRIVE		6.3 STREET ADDRESS		i

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.

6.4 CITY - ST - ZIP

SARALAND AL

CITY-ST-ZIP

FILED

Jul 08 1998 8:00am

Secretary of State