FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90012 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G31362

Corporation Name

GALLOWAY CARPET AND RUG CO., INC.

	•								I SERVIT GORD CLIST LIESE CLIC AL		(MILL MARLE MINE)	#1411 #1#11 1001	
Principal Place of Business				Mailing Address					•				
2145 EDGEWOOD DRIVE E.				2145 EDGEWOOD DRIVE E.								-	
LAKELAND FL 33803				LAKELAND FL 33803					DO NOT WRITE IN THIS SPACE				
US			US	US					3. Date Incorporated or Qualified				
					•			3	03/31/1983				
2. Principal Pl	lace of Busir	ness	2a.	. Mailing Address				4	. FEI Number		Α	pplied For	
21			26	26				- 1	59-2259208		N	ot Applicable	
Suite, Apt. #, etc.			11	Suite, Apt. #, etc.					Cartificate of Charles Desired		\$8.75	Additional	
22			27	-] 3	Certificate of Status Desired	U	_ Fee R	equired -	
City & State			 	City & State				6	. Election Campaign Financing		\$5.00	May Be	
23			28	28					Trust Fund Contribution			to Fees	
Zip		Country	1201	Zip	Co	ountry		8	. This corporation owes the curr	ent year Int	angible		
— ·		25	29	,	30	•			Personal Property Tax.	•	∐Yes	□No	
24 25 9. Name and Address of Current								10. Name and Address of New Registered Agent					
<u>'</u>	o. Hante	and reduced of game	an riogic			81	Name				_		
PRO	NK, FREDI	erick J.				82							
2145 EDGEWOOD DRIVE E.				•			Street A	Address (Address (P.O. Box Number is Not Acceptable)				
	ELAND FL					83							
0.11		0000				63					•		
				•		84	City			FL	85 Zip	Code	
11. Pursuant	to the provis	ions of Sections 607.05	02 and 6	307,1508, Florida Sta	tutes, the	above	e-named (corporation	on submits this statement for the	purpose of	changing it	s registered	
office or re	egistered ag	ent, or both, in the Stati	e of Flori	da. Such change was	s autnonz	ea by	rue carba	oration's b	poard of directors. I hereby acce	ot the appoi	ntment as r	egistered	
agent. I ai	m tamiliar w	ith, and accept the oblig	ations of	r, Section ou <i>r</i> Judud, r	rionua ot	alules							
	٠.						•						
SIGNATURE			and and tilla	_				equired when	reinstating)	DATE		}	
	Signature, typed	or printed name of registered ag		if applicable. (NC	DTE: Register	red Ager		equired when	reinstating) ADDITIONS/CHANGES TO OF		ID DIRECT	ORS IN 12	
12.		or printed name of registered ac		if applicable. (NO	OTE: Register	red Ager		equired when			ID DIRECT		
12. TILE	V	OFFICERS A		if applicable. (NC	OTE: Register	red Ager 3.		equired when					
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12. TITLE NAME STREET ADDRESS	V OLIVER. 2207 PO	OFFICERS A TIMONTHY C RT STREET NW		if applicable. (NO	DTE: Register 1.1 1.1 1.2	TITLE NAME	nt signature re	equired when					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLIVER. 2207 PO WINTER	OFFICERS A		if applicable. (NC ECTORS	DTE: Register 1.1 1.1 1.2 1.3	red Agen 3. TITLE NAME STREET	nt signature re	equired when			Change	☐ Addition	
12. TITLE NAME STREET ADDRESS	V OLIVER. 2207 PO WINTER P	OFFICERS A TIMONTHY C RT STREET NW HAVEN FL 33881		if applicable. (NO	DTE: Register 1.1 1.1 1.2 1.3 1.4 2.1	TITLE STREET	nt signature re	equired when				☐ Addition	
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

NAME

STREET ADDRESS

ATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

;R2E034 (11/98)