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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H84719 (4)

CARPET MILL STORE OF PENSACOLA, INC.

Principal Place of Business Mailing Address % DONALD W. HEAPY % DONALD W. HEAPY 505 MARY ESTHER CUT-OFF 505 MARY ESTHER CUT-OFF FT WALTON BCH. FL 32548 FT WALTON BCH. FL 32548

FILED Apr 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2620811 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEAPY, BETTE J. 505 MARY ESTHER CUT-OFF Street Address (P.O. Box Number is Not Acceptable) FT WALTON BCH. FL 32548 83 84 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HEAPY, DONALD W. 1.2 NAME **505 MARY ESTHER CUTOFF** STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON FL. CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HEAPY, BETTE J. NAME 2.2 NAME **505 MARY ESTHER CUTOFF** STREET ADDRESS 2.3 STREET ADDRESS FT. WALTON FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ___ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-7IP 4.4 CITY - ST - ZIP DELETÉ Addition 5.1 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 angual 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 trustee onipowered 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.

SIGNATURE:

830-243-1233 344198.