

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J00854 (6)

1. Corporation Name

INTERIOR CARPET SYSTEMS, INC.



Principal Place of Business

Mailing Address

C/O PATRICK J. BONNER
2240 JADESTONE DR.
JACKSONVILLE FL 32246

C/O PATRICK J. BONNER
2240 JADESTONE DR.
JACKSONVILLE FL 32246

2. Principal Place of Business

2a. Mailing Address

21 Interior Carpet Systems, Inc.

26 Interior Carpet Systems, Inc.

22 5500-4 Phillips Hwy.

27 5500-4 Phillips Hwy.

23 Jacksonville, FL

28 Jacksonville, FL

24 32207 25 U.S.A.

29 32207 30 U.S.A.

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/25/1986

3a. Date of Last Report
01/25/1995

4. FEI Number

59-2670024

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

BONNER, PARTICK J.

6653 POWER AVE #14

JACKSONVILLE FL 32217

81 Name

Bonner, Patrick J.

82 Street Address (P.O. Box Number is Not Acceptable)

5500-4 Phillips Hwy.

83

84 City

Jacksonville

FL

85 Zip Code
32207

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

Patrick J. Bonner Patrick J. Bonner

(NOTE: Registered Agent signature required when reinstating)

1-17-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BONNER, PATRICK J	
STREET ADDRESS	2240 JADESTONE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark R. Warren	
2.3 STREET ADDRESS	11283 Garden Moss Cir. N.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32257	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Toni R. Jennings	
3.3 STREET ADDRESS	1137 Halsema Rd. N.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32221	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Patrick J. Bonner Patrick J. Bonner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

904-732-6262

Daytime Phone #

CR2E034 (12/95)