FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J06950 (6)ARCADE CARPET & TILE CO. Principal Place of Business Mailing Address 268 N. WICKHAM ROAD 268 N. WICKHAM ROAD MELBOURNE FL 32935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1986 2. Principal Place of Business 2a. Mailing Address Applied For 26 290 N. WICKHAM LOAL 390 N. WICKHAM 21 59-2651742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing MELBOURNE MELBOURNE 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KING, THOMAS P 2005 ATLANTIC STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 422** 83 **MELBOURNE BEACH FL 32951** 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or profed natile of regellered agent and the 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 KING, THOMAS P., JR. NAME 1.2 NAME 2005 ATLANTIC ST., #422 STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL 1.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KING, ELAINE A. NAME 22 NAME 2005 ATLANTIC ST., #422 STREET ADDRESS 23 STREET ADDRESS MELBOURNE BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE OELE TE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1) Y - ST - Z(P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this immuel report or supplemental armual 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 primal attachment with an address.

54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 C(1Y - \$1 - Z)P

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

COY-ST-7IP

.THEE

NAME

Change

Addition

CR2E034 (10/97