SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (0) J16122 JACKSONVILLE CARPETLAND, INC. Mailing Address Principal Place of Business 9172 AUGUST DRIVE 9172 AUGUST DRIVE JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 3a. Date of Last Report 3. Date Incorporated or Qualified 06/23/1995 05/19/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 9172 August Dai Not Applicable 59-2791230 \$8.75 Additional Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing & State Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199 032. Florida Statutas Yes X No Country 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 HAMMOCK, GEORGE M., JR. Street Address (P.O. Box Number is Not Acceptable) 82 9172 AUGUST DRIVE JACKSONVILLE FL 32226 83 Zip Code 85 64 City 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, and accept the obligations of, Section 607,0505, Florida Statutes. (DDT): Registered Agenit signature required when reinstating? SIGNATURE Signature threator protect natural of regelered agent and trie if applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1.1.1111.1 TITLE CR2E034 1.2 NAME EMILIE ANN HAMMOCK NAME 13 STREET ADORESS 9172 AUGUST DR. STREET ADDRESS 14 CITY - ST-ZIP JACKSONVILLE FL 32226 Change Addition CITY - ST - ZIP DELETE 2 1 TITLE TITLE 2.2 NAME GEORGE M. HAMMOCK, JR. NAME 2.3 STREET ADDRESS 9172 AUGUST DR. STREET ADDRESS 2 4 CITY - ST ZIP JACKSONVILLE FL 32226 Change Addition CITY - ST - ZIP DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST ZIP Change Addition CITY-ST-74P DELETE 4.1 TISLE TITLE 4.2 NAME NAME 43 STREE! ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 C(1Y - ST - ZIP Change Addition CITY - ST - ZIF DELETE 61 I-TLE TITLE 62 NAMÉ NAME **6 3 STREET ADDRESS** STREET ADDRESS 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 1 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 pricer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name accuracy as in Fig. 12 or Block 13 of chapter or constructions with an another control of the corporation of the corporat 64 C1TY - S1 - ZIP that my name appears in

SIGNATURE: