

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Andrea B. Mottman
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 2 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *540354*

1. Corporation Name

All Florida Contract Carpets, Inc.
3702 Northwest Passage
Tallahassee, FL 32303

Principal Place of Business

Tallahassee, FL

Mailing Address

Same as above

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/86

2. Principal Place of Business

21 Tallahassee, FL

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, FL

Zip

24 32303

Country

25 U.S.

2a. Mailing Address

26 3702 Northwest Passage

Suite, Apt. #, etc.

27

City & State

28 Tallahassee, FL

Zip

29 32303

Country

30 U.S.

4. FEI Number

59-2731140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Robert J. Peacock
3702 Northwest Passage
Tallahassee, FL 32303

10. Name and Address of New Registered Agent

81 Name

Robert N. Peacock

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

3702 Northwest Passage

83

84 City

Tallahassee,

FL

85 Zip Code

32303

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 of registered agent or authorized officer and title of applicable

(NOTE: If registered agent, signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☒ DELETE

NAME Robert J. Peacock
STREET ADDRESS 3702 Northwest Passage
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Robert N. Peacock
1.3 STREET ADDRESS 3702 Northwest Passage
1.4 CITY-ST-ZIP Tallahassee, FL 32303 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 attached letter with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)