FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K23247 (5)

1. Corporation Name
NATIONAL CARPET CARE, INC.

Principal Place of Business	Mailing Address
PO BOX 160718 ALTAMONTE SPGS FL 32714 US	PO BOX 160718 ALTAMONTE SPGS FL 32714 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 518 Douglas Ave	26
Suite, Apt. # etc. 22 #1234	Suite, Apt. # etc. 27
City & State 23 Altamonte Springs Fl	City & State 28
Zip 24 32714 County 25 USA	Zip 29 County 30

3. Date Incorporated or Qualified: 05/11/1988
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2889281 ☐ 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. 199.012 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUMPHRIES, J. GREGORY 201 E. PINE ST. SUITE 700 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO	
TITLE	DPT	TITLE	☐ Change ☐ Addition
NAME	COCKERHAM, NANCY D.	NAME	
STREET ADDRESS	417 WILD OAK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	COCKERHAM, NANCY D	NAME	
STREET ADDRESS	417 WILD OAK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 attachment with an address.

SIGNATURE: Nancy Cockerham, President — 5/8/95 (407) 862-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

Nancy Cockerham

0413078 FP