

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K23247 (5)

1. Corporation Name

NATIONAL CARPET CARE, INC.



Principal Place of Business

Mailing Address

518 DOUGLAS AVE  
SUITE 1234  
ALTAMONTE SPRINGS FL 32714  
US

PO BOX 160718  
ALTAMONTE SPGS FL 32714  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 242 Churchill Heights

22 City & State 27 Alpharetta Ga

23 Zip 28 30202 29 E USA

24 Country 25

3. Date Incorporated or Qualified

05/11/1988

3a. Date of Last Report

05/11/1995

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. 199.032,  
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

Signature typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME COCKERHAM, NANCY D.  
STREET ADDRESS 417 WILD OAK CIRCLE  
CITY - ST - ZIP LONGWOOD FL

TITLE S  
NAME COCKERHAM, NANCY D  
STREET ADDRESS 417 WILD OAK CIRCLE  
CITY - ST - ZIP LONGWOOD FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS 242 Churchill Heights  
14 CITY - ST - ZIP Alpharetta, Ga 30202

21 TITLE  
22 NAME  
23 STREET ADDRESS 242 Churchill Heights  
24 CITY - ST - ZIP Alpharetta Ga 30202

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 617, 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  
Nancy Cockerham

7-2-96 (770) 569-1197

Date

Daytime Phone #

CR2E034 (3/96)