FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

NATION	NAL CARPET CARE, INC.				
Principal Place	o of Business	Mailing Address			- DIDIS DIBIS BIBIS DIDIS DIDIS DIDIS SODI
	HAVE 20 N. Orange Av	•	3		
SHITE 1234 HALLON ALPHARETTA GA 30202				DO NOT WRITE	IN THIS SPACE
ALTAMONTE SPRINGS EG 32714 US				3. Date Incorporated or Qualified	IN THIS STAGE
	orlando Fl 	10.2 fo		05/11/1988	
2. Principal P	lace of Business	2a. Mailing Address	 	4. FEI Number	Applied For
	, orange Ave	26		59-2889281	Not Applicable
Suite, Apt. #, etc. Suito, Apt. #, etc.					\$8.75 Additional
22 # 1000				5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Orla	angoti.	28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zιρ	Country	8. This corporation owes or has paid	
24 3280	1-4626 Drange		30	Personal Property Tax due June	
	9. Name and Address of Current	Registered Agent	O1 None	10. Name and Address of New Reg	istered Agent
HUMPHRIES, J. GREGORY					
201 E. PINE ST. 20 N. Orange Ave Suite 700 # 1000				ress (P.O. Box Number is Not Acceptabl	е)
-SU					
- OR	LANDO FL 32801 Orlan	199601-1	1626		
	- 1011	WO 1 1 03.25	84 City		B5 Zip Code
					FL S Exp dead
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Sta tute f Florida. Such change was a	es, the above-named corp authorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.05 05, Flo	orida Statutes	, ,	
SIGNATURE					
	Signature typed or printed name of registered agent		E: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICE	DATE EDG AND DIDECTORS IN 12
12,	OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE	COCKERHAM, NANCY D.		1.2 NAME		
NAME	242 CHURCHILL HEIGHTS		1.3 STREET ADDRESS		
STREET ADDRESS	ALPHARETTA GA				
CITY-ST-ZIP TITLE	8	DELETE	1.4 CITY-S1-ZIP 2.1 TITLE		Change Addition
NAME	COCKERHAM, NANCY D		2.2 NAME		
i	242 CHURCHILL HEIGHTS		2.3 STREET ADDRESS	ta de la companya de	. س
STREET ADDRESS	ALPHARETTA GA				·
CITY-ST-ZIP TITLE	ALFINACIIA GA	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME		Appendix of the second party of	5.2 NAMÉ		_ ,
			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS			0.5 STREET NUMBERS		

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 suppliemental 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 all achiment with an address.

FILED

Mar 25 1998 8:00am

Secretary of State