

**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 MAR -6 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K31269** (9)

1. Corporation Name  
**FATHER & SON, CARPET, INC.**

Principal Place of Business Mailing Address  
**1549 OLD DIXIE HIGHWAY VERO BEACH FL 32960**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/17/1988</b>	3a. Date of Last Report <b>02/15/1994</b>
21		26		4. FEI Number <b>65-0082644</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JOBE, NOBLE 139 KILDARE DR SEBASTIAN FL 32958</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0503 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 IN 12	
TITLE	<b>D JOBE, NOBLE 139 KILDARE DR SEBASTIAN FL</b>	11	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12	NAME
STREET ADDRESS		13	STREET ADDRESS
CITY-ST-ZIP		14	CITY-ST-ZIP
TITLE		21	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22	NAME
STREET ADDRESS	23	STREET ADDRESS	
CITY-ST-ZIP	24	CITY-ST-ZIP	
TITLE	31	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	32	NAME	
STREET ADDRESS	33	STREET ADDRESS	
CITY-ST-ZIP	34	CITY-ST-ZIP	
TITLE	41	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	42	NAME	
STREET ADDRESS	43	STREET ADDRESS	
CITY-ST-ZIP	44	CITY-ST-ZIP	
TITLE	51	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	52	NAME	
STREET ADDRESS	53	STREET ADDRESS	
CITY-ST-ZIP	54	CITY-ST-ZIP	
TITLE	61	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	62	NAME	
STREET ADDRESS	63	STREET ADDRESS	
CITY-ST-ZIP	64	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Noble Jobe* **NOBLE JOBE** 2-28-95