

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K31269**

1. Corporation Name

**FATHER & SON, CARPET, INC.**

Principal Place of Business

**1549 OLD DIXIE HIGHWAY  
VERO BEACH FL 32960**

Mailing Address

**1549 OLD DIXIE HIGHWAY  
VERO BEACH FL 32960**

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90184 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/17/1988**

4. FEI Number

**65-0082644**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**4646 U.S. 1**

2a. Mailing Address

**4646 U.S. 1**

Suite, Apt. #, etc.  
**VERO BEACH, FL.**

Suite, Apt. #, etc.  
**VERO BEACH, FL.**

City & State  
**32967 INDIAN RIVER**

City & State  
**32967 INDIAN RIVER**

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**JOBE, NOBLE  
139 KILDARE DR  
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
JOBE, NOBLE  
139 KILDARE DR  
SEBASTIAN FL**

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