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

FATHER & SON, CARPET, INC.

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

03-11-1999 90184 014 ***150.00



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Principal Place	e of Business	Mailing Address				
	1549 OLD DIXIE HIGHWAY 1549 OLD DIXIE HIGHWAY					
VERO BEACH FL 32960 VERO BEACH FL 32960						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						08/17/1988
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 4/24	Ho 71. S. I	26 4646 71	,.S. I			65-0082644 Not Applicable
Suite, Apt.	#, etc.)	Suite, Apt. #, etc)		+1	5. Certificate of Status Desired \$8.75 Additional
22 - VER	O BEACH	-1. 27 VEKO DE	<u>:Hch</u>	1	<u> </u>	Fee Required
City & Stat		City & State	4.15		11).	6. Election Campaign Financing \$5:90 May Be
23 3291	LNDIANI	KIVER 28 32961	1/1/1/	IH.	NKIVEF	
Zip	Country	Zip	Cou	пиу		8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	30			Personal Property Tax. Yes LINo 10. Name and Address of New Registered Agent
	9. Name and Address	of Current Registered Agent		81	Name	10. Haine and Hadress of New Hogisters & Figure
.IOB	E, NOBLE				<u></u>	
139 KILDARE DR				82 Street Addre		ess (P.O. Box Number is Not Acceptable)
SEBASTIAN FL 32958				83		
000	7.017.11 TE 02000					
				84	City	EI 85 Zip Code
11. Pursuant	to the provisions of Sections	s 607.0502 and 607.1508, Florida Stati	utes, the al	bove	e-named corpo	oration submits this statement for the purpose of changing its registered
office or a	registered agent or both in	the State of Florida. Such change was the obligations of, Section 607.0505, F	authorized	l by i	the corporatio	on's board of directors. I hereby accept the appointment as registered
-	im laminar with, and accept	the obligations of, Section 607.0303, 1	onda otati	4100,		
SIGNATURE	Signature, typed or printed name of re	egistered agent and title if applicable. (NO	TE: Registered	Agent	t signature required	d when reinstating) DATE
12.		CERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 111	ΓLE		Change Addition
NAME	JOBE, NOBLE		1.2 NA	ME		
STREET ADDRESS	139 KILDARE DR		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL		1.4 CI	TY-\$T	r-zip	
TITLE		☐ DELETE	2.1 TI	TLE		☐ Change ☐ Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REET	ADDRESS	
CITY-ST-ZIP			2.4 C	ΠY-S	T-ZIP	
TITLE		- DELETE-	3.1 70	ΠE	-	Change - Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 \$1	REET	ADDRESS	
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TF	TLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP				TY-S1	T-ZIP	TALL TARGET
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME	}		5.2 N/			
STREET ADDRESS	;				ADDRESS	
CITY-ST-ZIP		——————————————————————————————————————		TY-SI	T-ZIP	
TITLE		☐ DELETE	6 1 TI			☐ Change ☐ Addition
NAME			6 2 N/			
STREET ADDRESS	3		6.3 ST	REET	FADDRESS	·

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 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, with all other like empowered.

SIGNATURE:

\ · · SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR