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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

LIBERTY CARPET COMPANY

**FILED** Apr 22 1998 8:00am Secretary of State



1 .				
Principal Plac	ce of Business	Mailing Address		
3580 PAIL MALL OR. JACKBONVILLE FL 32257 US		P.O. BOX 56304 Jacksonville FL 32241-6304 US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 01/01/1989
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21	×.	7627 Rain 1	Carrena Timer Co.	<b>59-292 1063</b> Not Applicable
22 Jack		Jacksonville, FL	32277-9310	5. Certificate of Status Desired
City & Star	te	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>Z</b> ip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30 DU UAL	Personal Property Tax due June 30. 🛛 Yes 🔲 No
	9. Name and Address of Curren	l Registered Agent		10. Name and Address of New Registered Agent
NASH, CHARLES IAN 930 SOUTHE HARBOR CITY BLVD SUITE 505 MELBOURNE FL 32901			81 Name 82 Street Add	BERNAND I GSCMER  dress (P.O. Box Number & Mat / Lable)  27 REAN FOREST DR N
			B4 City 8	LESON VILLE FL 85 Zip Code 32237
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 Response of printed name of registered agond and time if applicable (NOTE Registered Agond signature required when reinstating)  DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	117716	Z Oberes
NAME	FISCHER, JACQUELINE L.		1.2 NAME	EHINE NI
STREET ADDRESS	711 FAIRWAY DR		1.3 STREET ADDRESS	COST Rain Horast Arker
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Jackson 16 7 42277 6310 48
TITLE	DST	DELETE	2.1 TITLE	Change Addition
NAME	FISCHER, BERNARD I.		2.2 NAME	C Bernard Science Co.
STREET ADDRESS	711 FAIRWAY DR		2.3 STREET ADDRESS	762/Rain Forast Only
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-ST-ZiP	380K800Ville FL'82277.0410 #8
TITLE	D	☐ DELETE	3.1 TITLE	Change Addition
NAME	ETTINGER, LINDA J.		3.2 NAME	LINDA T. ETTINGER
STREET ADDRESS	711 FAIRWAY DR		3.3 STREET ADDRESS	7616 LIENFY FORESET
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY - ST - ZIP	3 A CH COLOR PR 32 277
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	!
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP	
		□ DETE IE	5.1 TITLE	Change Addition
NAME STREET ADDRESS			5.2 NAME	•
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 City-St-ZiP	Ohana Addit-
NAME		E DITTE	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	
			6.3 STREET ADDRESS	
CITY-ST-ZIP	partify that the information supplied with	th this filing does not qualify	6.4 CITY-ST-ZIP	Section 119 07/3Vi) Florida Statutos I further cartify that the information

Indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.0/(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental armual 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.