

4 7-98 B-4271 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L35996**

(2)

1. Corporation Name
ASHLEY'S CARPET, INC.

Principal Place of Business

**66 S.W. SALERNO ROAD
STUART FL 34997**

Mailing Address

**66 S.W. SALERNO ROAD
STUART FL 34997**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1989

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 66 Sw Salerno Rd.	26 66 Sw Salerno Rd.	65-0164520	☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23 Stuart, FL	28 Stuart, FL	8. This corporation owes or has paid the current year Intangible	
Zip	Zip	Personal Property Tax due June 30.	☐ Yes ☐ No
24 34997	29 34997		
Country USA	Country USA		
25 MARTIN	30 Martin County		

9. Name and Address of Current Registered Agent

**CAIN, STEVEN A.
66 S.W. SALERNO ROAD
STUART 34997**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	President / Vice President / Treasurer
NAME	CAIN, STEVEN A.	1.2 NAME	
STREET ADDRESS	66 SW SALERNO RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E034 (10/97)

4-3-98 288-4438