


**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90084 035 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>																					
<b>DOCUMENT # L63880</b> 1. Corporation Name <b>HOLADAY CARPET, INC.</b>																							
Principal Place of Business <b>12001 S. CLEVELAND AVE</b> <b>UNIT 6</b> <b>FT. MYERS FL 33907</b> <b>US</b>		Mailing Address <b>12001 S. CLEVELAND AVE</b> <b>UNIT 6</b> <b>FT. MYERS FL 33907</b> <b>US</b>																					
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip Country <b>28</b>																					
3. Date Incorporated or Qualified <b>04/09/1990</b>		4. FEI Number <b>65-0183845</b>																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																					
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
9. Name and Address of Current Registered Agent <b>HOLADAY, BEN</b> <b>15261 BRIARCREST CIRCLE</b> <b>FT MYERS FL 33912</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																							
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>HOLADAY, BEN</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>15261 BRIARCREST CIRCLE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FT MYERS FL</b></td> <td></td> </tr> </table>		TITLE	<b>D</b>	<input type="checkbox"/> DELETE	NAME	<b>HOLADAY, BEN</b>		STREET ADDRESS	<b>15261 BRIARCREST CIRCLE</b>		CITY-ST-ZIP	<b>FT MYERS FL</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE																					
NAME	<b>HOLADAY, BEN</b>																						
STREET ADDRESS	<b>15261 BRIARCREST CIRCLE</b>																						
CITY-ST-ZIP	<b>FT MYERS FL</b>																						
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
1.2 NAME																							
1.3 STREET ADDRESS																							
1.4 CITY-ST-ZIP																							
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
2.2 NAME																							
2.3 STREET ADDRESS																							
2.4 CITY-ST-ZIP																							
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
3.2 NAME																							
3.3 STREET ADDRESS																							
3.4 CITY-ST-ZIP																							
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
4.2 NAME																							
4.3 STREET ADDRESS																							
4.4 CITY-ST-ZIP																							
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
5.2 NAME																							
5.3 STREET ADDRESS																							
5.4 CITY-ST-ZIP																							
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
6.2 NAME																							
6.3 STREET ADDRESS																							
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 6C7, 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: *BEN HOLADAY*

**SIGNATURE REQUIRED** *BEN HOLADAY* 4/8/99 941 9392219  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #