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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L68438

1. Corporation Name
WAREHOUSE CARPET, INC.

Principal Place of Business
1087 U.S. HWY 92 WEST
AUBURNDALE FL 33823

Mailing Address
1087 U.S. HWY 92 WEST
AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1990

4. FEI Number

59-3019535

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MURRELL, ROBERT E.
250 SECOND STREET, S.W., SUITE 200
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

Ronald L. Gamble

82 Street Address (P.O. Box Number is Not Acceptable)

907 Oakway Drive

83

84 City

Auburndale

FL

85 Zip Code
33823

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

Ronald L. Gamble

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JETT, ROSE LYNETE
STREET ADDRESS 2531 11TH AVE. WEST
CITY-ST-ZIP BRADENTON FL

TITLE V ☐ DELETE

NAME GAMBLE, LESLIE
STREET ADDRESS 3249 OAK MEADOW DR
CITY-ST-ZIP MULBERRY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Jett, Rose Lynette
1.3 STREET ADDRESS 1418 17TH St. W.
1.4 CITY-ST-ZIP Bradenton, FL 34205

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Gamble, Leslie
2.3 STREET ADDRESS 4426 E St Rd 540
2.4 CITY-ST-ZIP Lakeland, FL 33815

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Leslie Gamble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

941 965-7777

Daytime Phone #

CR2E034 (11/98)