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May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02483** (6)  
1. Corporation Name  
**SHAW INDUSTRIES, INC.**

Principal Place of Business  
**616 EAST WALNUT AVENUE  
DALTON GA 30721-4409**

Mailing Address  
**P.O. DRAWER 2128  
DALTON GA 30722  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/21/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>58-1032521</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301-2525</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CE	1.1 TITLE	D
NAME	SHAW, J.C.	1.2 NAME	
STREET ADDRESS	721 WEST AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARTERSVILLE GA	1.4 CITY-ST-ZIP	30210
TITLE	VTD	2.1 TITLE	
NAME	LUSK, WILLIAM C. JR.	2.2 NAME	
STREET ADDRESS	1305 MORTON DR.	2.3 STREET ADDRESS	600 HIGHWATER RD.
CITY-ST-ZIP	DALTON GA	2.4 CITY-ST-ZIP	DAYTON, TN 37321
TITLE	D	3.1 TITLE	
NAME	HARLIN, ROBERT R.	3.2 NAME	
STREET ADDRESS	3131 SLATON DR., NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	30309
TITLE	P	4.1 TITLE	D
NAME	LITTLE, W. NORRIS	4.2 NAME	
STREET ADDRESS	104 NORTH GOOSEHILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKY FACE GA	4.4 CITY-ST-ZIP	30740
TITLE	C	5.1 TITLE	
NAME	HOSKINS, DOUGLAS H	5.2 NAME	
STREET ADDRESS	1708 BRIARCLIFF CIRLCE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALTON GA	5.4 CITY-ST-ZIP	30720
TITLE		6.1 TITLE	
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.

SIGNATURE: 

DOUGLAS H. HOSKINS 4-25-98 (706)278-3812

CR2E034 (10/97)