

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90110 049 \*\*\*150.00

DOCUMENT # **P02483**

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

3. Date Incorporated or Qualified

**06/21/1984**

4. FEI Number

**58-1032521**

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301-2525**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **CED**  
STREET ADDRESS **SHAW, J.C.**  
CITY-ST-ZIP **721 WEST AVE.  
CARTERSVILLE GA 30210**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **VTD**  
STREET ADDRESS **LUSK, WILLIAM C. JR.**  
CITY-ST-ZIP **600 HIGHWATER RD.  
DAYTON TN 37321**

2.1 TITLE **S** ☒ Change ☒ Addition  
2.2 NAME **BENNIE M. LAUGHTER**  
2.3 STREET ADDRESS **4004 MILLSTONE CIRCLE**  
2.4 CITY-ST-ZIP **ROCKY FACE, GA 30740**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HARLIN, ROBERT R.**  
CITY-ST-ZIP **3131 SLATON DR., NW  
ATLANTA GA 30309**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **LITTLE, W. NORRIS**  
CITY-ST-ZIP **104 NORTH GOOSEHILL RD  
ROCKY FACE GA 30740**

4.1 TITLE **D VC** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **C**  
STREET ADDRESS **HOSKINS, DOUGLAS H**  
CITY-ST-ZIP **1708 BRIARCLIFF CIRCLE  
DALTON GA 30720**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **P**  
6.3 STREET ADDRESS **Julian Saul**  
6.4 CITY-ST-ZIP **616 E. Walnut Ave.  
Dalton, GA 30720**

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:

*Douglas H. Hoskins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOUGLAS H. HOSKINS**  
CONTROLLER

Date

**(706) 278-3812**  
Daytime Phone #

CR2E034 (11/98)

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