FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED
FILED

95 MAY -1 AM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000006233 (0)

1. Corporate Name
CARPET CREATIONS OF BREVARD INC.

Principal Place of Business
640 LOUVRE DRIVE
MELBOURNE FL 32935

Mailing Address
640 LOUVRE DRIVE
MELBOURNE FL 32935

FOR OFFICE USE ONLY

3. Date Incorporated / Qualified: 11/17/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
29 30

4. FEI Number: 59-3177045 — 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

7. This corporation has activity not exempt under § 199.033, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
TRIVETTE, WILLIAM T
640 LOUVRE DRIVE
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
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 Section 607.0505, 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 of Registered Agent or Officer or Director of the Corporation — Date — Registered Agent Signature (Required for Name Change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	TRIVETTE, WILLIAM T	NAME	
STREET ADDRESS	640 LOUVRE DRIVE	STREET ADDRESS	
CITY, ST, ZIP	MELBOURNE FL 32935	CITY, ST, ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	TRIVETTE, DEBORAH M	NAME	
STREET ADDRESS	640 LOUVRE DRIVE	STREET ADDRESS	
CITY, ST, ZIP	MELBOURNE FL 32935	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate and has not changed, for the corporation named in item 1 of this report, from the information on file with the Department of State, Division of Corporations, for the corporation named in item 1 of this report as reflected by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, if an officer or director with a title or title change.

SIGNATURE: William T. Trivette 4/25/95 407 724-9554
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
WILLIAM T. TRIVETTE

0009016 CP