FILE NOW: FILING FEE AFTER MAY 1 IS .00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. [illegible]
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 17 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P 92000011065**

1. Corporation Name

SOUDS QUALITY CARPETS, INC.

Principal Place of Business / Mailing Address

8030-8 PHILLIPS HWY
JACKSONVILLE, FL. 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12-09-92**

3a. Date of Last Report: **01-18-95**

2. Principal Place of Business
21 **8030-8 PHILLIPS HWY**
Suite, Apt. #, etc. 22
City & State 23 **JACKSONVILLE, FL.**
Zip 24 **32256** Country 25 **Duval**

2a. Mailing Address
26 **8030-8 PHILLIPS HWY**
Suite, Apt. #, etc. 27
City & State 28 **JACKSONVILLE, FL.**
Zip 29 **32256** Country 30 **Duval**

4. FEI Number: **59-3154074** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VICTOR SOUD JR.
8030-8 PHILLIPS HWY
JACKSONSONVILLE, FL 32256

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 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	
TITLE	P/D
NAME	VICTOR J SOUD
STREET ADDRESS	3420 EXCALIBUR WAY E
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	VP/D
NAME	SAMUEL ATTER
STREET ADDRESS	1271 BELMONTE TERRACE
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	S/T/T
NAME	DEBRA A SOUD
STREET ADDRESS	3420 EXCALIBUR WAY E
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D VICTOR SOUD , JR. 3420 EXCALIBUR WAY E JACKSONVILLE FL 32223	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SEC/D DEBRA A SOUD 3420 EXCALIBUR WAY E JACKSONVILLE FL 32223	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T/D JOHN IMHOFF 12668 ATTRILL RD. JACKSONVILLE, FL 32258	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Victor Soud PRES. 03/07/95 **904-730-4152**
VICTOR SOUD, JR. — Typed or Printed Name of Individual and Title of Officer or Director — Date — Daytime Phone Number