


**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90057 024 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P92000012593**

1. Corporation Name

**A-1 FLOOR COVERING & CARPET WAREHOUSE, INC.**

Principal Place of Business

**427 RACETRACK RD  
FT WALTON BEACH FL 32547**

Mailing Address

**427 RACETRACK RD  
FT WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 401 MARY ESTHER BLVD.</b> Suite, Apt. #, etc.		<b>2a. Mailing Address</b> <b>26 401 MARY ESTHER BLVD.</b> Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> <b>01/01/1993</b>	
<b>23 City &amp; State</b> <b>MARY ESTHER, FLORIDA</b> Zip Country <b>24 32569 25 USA</b>		<b>27 City &amp; State</b> <b>MARY ESTHER, FLORIDA</b> Zip Country <b>29 32569 30 USA</b>		<b>4. FEI Number</b> <b>59-3175161</b> Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

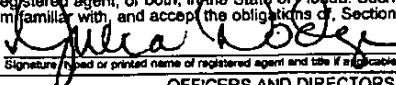
**DODGE, DANNY**  
**427 RACETRACK RD**  
**FORT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

**81 Name** **JULIA DODGE**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**401 MARY ESTHER BLVD.**  
**83**  
**84 City** **MARY ESTHER** **FL** **85 Zip Code** **32569**

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 reappointing)

**JULIA DODGE****4/8/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DODGE, DANNY</b>	1.2 NAME	
STREET ADDRESS	<b>427 RACETRACK RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VTS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DODGE, JULIA</b>	2.2 NAME	
STREET ADDRESS	<b>427 RACETRACK RD</b>	2.3 STREET ADDRESS	<b>401 MARY ESTHER BLVD.</b>
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	2.4 CITY-ST-ZIP	<b>MARY ESTHER, FL 32569</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>JENNIFER ANN DODGE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>34 OKAHATCHEE CIRCLE</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>KRYSTAL M. SHEHAN</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>312 WILLIAMS DRIVE</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>CHATTANOOGA, TN 37421</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-3-99**

Daytime Phone #

CR2E034 (11/98)