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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000020391 (7)

KELLER CARPETS, INC.

Principal Place of Business	Mailing Address		
1790 NW 53RD AVE	1730 N W 53RD AVE		

FILED Jun 10 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address			i fantiadi cië rërda ilitr antii nëtit dali	1	16181 1161 1651
1730 NW 53RD AVE Gainesville fl 32806 US	1700 N W SRD AVE GAMESVILLE FL 32653-2219 US 3. Date incorporated or Qualified 3a. Date of Last Report 03/15/1993 08/06/1998					
				· ·	,	'
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	26			59-3174575		Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & State	 η ΄			,		
Zip Country	Zip	Count	у	8. This corporation has liability for i	ntangible tax undo	er s. 199.032,
		30		Florida Statutes] Yes ☐ No	
	Registered Agent			10. Name and Address of New Re	gistered Agent	
ZIDONIK, STEVE M		81	Name			
82 Street Address RT 2 BOX 675-C		ross (P.O. Box Number is Not Acceptable)				
MICAVOPY FL 32667		8:	3			
] - "		├ ┃	
office or registered agent, or both, in the State of	Florida. Such change was au	ithorized b	by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changin 4 the appointment	g its registered as registered
SIGNATURE Signature, typod or printed name of registered agent a	nd title if applicable (NOTE:	Registered Ag	geni signature requi	red when reinstating)	DATE	
		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE PST	☐ DELETE	1.1 7ITUE			☐ Chang	ge 🔲 Addition
	CHARLIEST.	1.2 NAME				
CHECK ADDITION 11001E El DON OTO		1.5 01116	T ADDRESS			ļi.
TITLE VP- SALEY	, [] DELEJE	1	1		L Chang	ge [] Addition G
STREET ADDRESS PO BOX 2400	2/40					
CITY-ST-ZIP ALACHUA, Jr. 32616	- 4400		- S1 - ZIP		T Chan	Addition
~ OR ~		L	-		L. Unang	Addition
3202-10 NW 14	ST					
STREET ADDRESS GAINESSAUGE G	Bolan.		1			
CITY-ST-ZIP 77 (142-SQUEE), F.C. S	DELETE	3.4. CITY - 4.1 TIFLE	- 51 - 71P		Chanc	e Addition
NAME		4. 2 NAMI			Ondrig	Jo
STREET ADDRESS			1 ADDRESS			ļ
CITY-SI-ZIP		4.4 CITY -				
TITLE	DELETE	5.1 TITLE			Chang	ie Addition
NAME	— · ·	5.2 NAME				
STREET ADDRESS			T ADDRESS			
CITY-SI-ZIP		5 4 CITY-				İ
TITLE	DELETE	6.1 TITLE	-		Chang	e Addition
NAME 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	6.2 NAMÉ				
STREET ADDRESS			T ADDRESS			
CITY-ST-ZIP		6.4 CITY -		•		
14 Lab hereby codify that the information conclined w	ith this filing doop not qualify	for the ev	counties states	d in Continu 110 07/2\/i\ Flerida Statutos	1.6	et the

I do nereby 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 frustoc empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Changed in an attachment with an address.

EL OHIEFTE

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