

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

**95 JUL 25 AM 10: 02**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000029133 (4)**

1. Corporation Name  
**CARPET KING CARPETS, INC.**

Principal Place of Business Mailing Address  
**4201 W WATERS AVE 4201 W WATERS AVE**  
**TAMPA FL 33614 TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/21/1993</b>	3a. Date of Last Report <b>03/29/1994</b>
4. FEI Number <b>59-3179459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under s. 100.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**STULL, R J**  
**602 SOUTH BLVD**  
**TAMPA FL 33606**

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) (Typed Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>MOLEY, SANDY L</b>
STREET ADDRESS	<b>4201 W WATERS AVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>VDP</b>
NAME	<b>MOLEY, ANTHONY N</b>
STREET ADDRESS	<b>4201 W WATERS AVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>SD</b>
NAME	<b>MOLEY, JOSEPH V</b>
STREET ADDRESS	<b>4201 W WATERS AVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>TD</b>
NAME	<b>LLOYD, MARIA A</b>
STREET ADDRESS	<b>4201 W WATERS AVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that this information 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Sandy L. Moley Pres* Date: **7-18-95** **X513-984-5027**  
(Signature and typed or printed name of signing officer or director) (Typed Name)

CR2E034 (3/95)