

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jm Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 AUG 12 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052624 (2)

1. Corporation Name
KIEGEL KARPETS, INC.

Mailing Address
6613 STATE ROAD 54
NEW PORT RICHEY FL 34653

Principal Place of Business
6613 STATE ROAD 54
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		25		07/23/1993		7/01/94	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		593189267		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
25 Country		30 Country		8.75 Additional Fee Required		Not Applicable	
				7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		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

10. Name and Address of New Registered Agent

KIEGEL GARY E
6613 STATE ROAD 54
NEW PORT RICHEY FL 34653

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	KIEGEL GARY E	1.2 NAME	
1.3 STREET ADDRESS	6101 BAYSIDE DRIVE	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	NEW PORT RICHEY FL	1.4 CITY - ST - ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	KIEGEL MARY M	2.2 NAME	
2.3 STREET ADDRESS	6101 BAYSIDE DRIVE	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	NEW PORT RICHEY FL	2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Sections 199.017-199.019, 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 it were 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 442 or Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary M. Kiegel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary M. Kiegel Y.P.

8/8/94

813 848 8142

DATE

TELEPHONE