

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000077420 (6)

1. Corporation Name
TOTAL CARPET SERVICES, INC.

Principal Place of Business
1724 KINGSLEY AVE
SUITE 8
ORANGE PARK FL 32073
US

Mailing Address
555 MAJESTIC WOOD DR.
GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1993

4. FEI Number
59-3210925

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 1724 Kingsley Ave

27 Suite, Apt. #, etc.
8
28 City & State
Orange Park FL

29 Zip Country
32073 CLAY

9. Name and Address of Current Registered Agent

DAVIS, JASON C
17 PACIFIC ST
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Maurice G. Carrier
82 Street Address (P.O. Box Number is Not Acceptable)
555 Majestic Wood Dr.
83
84 City Green Cove Springs FL 85 Zip Code 32043

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME CARRIER, MAURICE G
STREET ADDRESS 555 MAJESTIC WOOD DR
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE STD
NAME DAVIS, JASON C
STREET ADDRESS 17 PACIFIC STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE STD
NAME Carrier, Emily C.
STREET ADDRESS 555 Majestic Wood Dr.
CITY-ST-ZIP Green Cove Spgs, FL 32043

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *Ph* *H. Davis* *Maurice G. Carrier* 4/22/98

CR2E034 (10/97)