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

**PROFIT CORPORATION** ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011538 (3)

BILL BAILEY'S CARPET CARPET BARN, INC.

Principal Place of Business Mailing Address 4707 95TH ST N 4707 95TH ST N ST PETERSBURG FL 33708 ST PETERSBURG FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3227911 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ l 23 28 Trust Fund Contribution Added to Fees Zip Žip Country 8. This corporation owes or has paid the current year Intangible □ No 24 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WELLS, GERI M 12901 GULF BLVD #312 Street Address (P.O. Box Number is Not Acceptable) MADEIRA BEACH FL 33708 83 Zip Code City 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 reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE WELLS, GERI M NAME 1.2 NAME 12901 GULF BLVD #312 STREET ADDRESS 1.3 STREET ADDRESS MADERRIA BEACH FL 33708 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE WELLS, PATRICK D NAME 22 NAME 8444 LANTANA DR STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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: Levi Viets Geri Wells 4-13-98 813-319-4840

FILED

Apr 22 1998 8:00am

Secretary of State