

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000038806 (3)

1. Corporation Name

THE CARPET DEPOT ENTERPRISES, INC.



Principal Place of Business

Mailing Address

1002 S 14TH STREET
FERNANDINA BEACH FL 32034

1002 S 14TH STREET
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified
05/23/1994

3a. Date of Last Report
09/29/1995

2. Principal Place of Business
21 1002 S. 14TH ST
Suite, Apt #, etc

2a. Mailing Address
26 SAME
Suite, Apt #, etc

4. FEI Number
59-3244786
Applied For
Not Applicable

22 City & State
23 FERNANDINA, FL

27 City & State
28 SAME

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 32034
25 FLASSA

29 SAME
30 SAME

6. Election Campaign Financing
Trust Fund Contribution ☐ \$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

MEADOWS, WILLIAM J
3110 EVANS BLUFF DR.
FERNANDINA BEACH FL 32034

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

Signature of person named in the required signature block (if applicable)

(NOTE: Registered Agent signature required when transferring)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	DST
NAME	MEADOWS, WILLIAM J
STREET ADDRESS	3110 EVANS BLUFF DR.
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	D
NAME	MCBRIDE, MELVIN P
STREET ADDRESS	3110 EVANS BLUFF DR.
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	DST
NAME	MEADOWS, William J.
STREET ADDRESS	1511 CATHOW DR.
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (3/96)