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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ...

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P94000073460 (5)

SECRETARY OF STATE TALLAHASSEE, FLORIDA NATIONAL CARPET CARE OF DUVAL, INC. Principal Place of Business Mailing Address 4949 SUNBEAM RD 4949 SUNBEAM RD SUITE 2 SUITE 2 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-6142 IJŠ 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1994 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3269068 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box 23 28 Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes 🔀 No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BOWLING, CLINT V 8583 POWERS AVE. #5** 82 JACKSONVILLE FL 32217 83 32714 Zip Code 85 City 0502 and 607,1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered fate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the corporation of the corporatio 11. Pursuant to the provis office or registered a SIGNATURE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) TH Change DELETE 1.1 10114 Addition. TITLE BOWLING, CLINT V 1.2 NAME NAME CR2E034 1234 AVE BTE 6503 POWERS AVE. #5 STREET ADDRESS 1.3 STREET ADDRESS 32714 **~** \ JACKSONVILLE FL 32217 nomite CITY-ST-ZIP 14 CITY - ST - ZIP DELETÉ Change Addition TITLE 217008 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City - ST - ZiP DELETE Change Addition TATLE 3.1 TillE NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIC CITY-ST-ZIP Change DELETE Add tion TITLE 4.1 THUE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE 5.1 TPLE Addition TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 6.4 City - ST- ZIP

14. I do hereby conify 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 expert or supplement annual expert is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of justice empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block

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