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PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90126 048 ***150.00

DOCUMENT # P95000062830 Corporation Name TAMPA BAY CARPET, INC. Principal Place of Business Mailing Address 6544 44TH STREET. NORTH. #1206 TAMPA BAY CARPET, INC. PINELLAS PARK FL 33781 6544 44TH STREET. NORTH. #1206 PINELLAS PARK FL 33781-5936 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/15/1995 2. Principal Place of Business Mailing Address 2a. FEI Number Applied For 21 NOT APPLICABLE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired □. 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes the current year Intangible 24 25 30 Personal Property Tax. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent SCHEIB, JERRY W Street Address (P.O. Box Number is Not Acceptable) 6544 44TH STREET, NORTH, #1206 PINELLAS PARK FL 33781 83 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1.1 TITLE NAME SCHEIB. JERRY W 1.2 NAME 6544 44TH STREET, NORTH, #1206 STREET ADDRESS 1.3 STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE Addition Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIF TITLE ☐ DELETE 61 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry W. Scheib

CR2E034 (11/98)