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

Mailing Address

1620 ORANGE AVENUE FORT PIERCE FL 34951

**PROFIT CORPORATION** ANNUAL REPORT

1999

Principal Place of Business 1620 ORANGE AVENUE

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90011 020 \*\*\*150.00

Change

☐ Addition

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000062886

CARPETS BY FIVE-FOUR, INC.

FORT PIERCE FL 34951		FORT PIERCE FL 34951		DO NOT WRITE IN THIS SPACE		
ļ				3. Date Incorporated or Qualifed		
				08/14/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		65-0601201	- Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	\$8.75 Ac	dditional
22		27		5. Certifcate of Status Desired	Fee Req	uired
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 N	Λα√y Be
23		28		Trust Fund Contribution	Added to	ees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 30		Personal Property Tax.	☐ Yes [	<b>V</b> No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ad Agent	
			81 Name	sean M. Pteitt	-0-	
	FFER, JOHN F		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	21	
2306 OAK DRIVE			0.000, 1.000			
FOR	T PIERCE FL 34949		83 2	306 Oak Priv	'o _	١
ł			84 City /	N Car Will	<del></del>	oder / 🗸
1			Tor	-+ VIERTE F	L 37	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named corpo	oration submits this statement for the purpose	of changing its registrated	egistered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth ations of, Section 607,0505, Florida	onzed by the corporation a Statutes.	on's board of directors. I hereby accept the ap	, John Miller II. 25 regi	Stereu
1	V TFANM.	FEIFFFR	Jean M.	Pleyfu x 3/	25/19	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	gistered Agent signature required			
12.		ND DIRECTORS	19/.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PS T	☐ DELETE	1.1 TITLE		Change	Addition -
NAME	PFEIFFER, JEAN M		1.2 NAME			
STREET ADDRESS	2306 OAK DRIVE		1.3 STREET ADDRESS		•	
CITY-ST-ZIP	FORT PIERCE FL 34949		1.4 CITY-ST-ZIP			- A 1466
TITLE	Y 00 0 1	DC- CC- DELETE	2.1 TITLE		Change	☐ Addition
NAME	Jettrey Paul	rteitter	2.2 NAME			
STREET ADDRESS		6004 4000	2.3 STREET ADDRESS			
CITY-ST-ZIP ~	Jeffrey Paul Fort Pi	erce, FL 34982	2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS	1		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			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME	•		
PERSONAL AND DECC			5.3 STREET ADDRESS			

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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

DELETE