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

FILED **PROFIT** Mar 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000068807 (3) VALUE CARPET CARE, INC. Mailing Address Principal Place of Business 3009 S SHAMROCK 3009 S SHAMROCK TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/07/1<u>995</u> 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3338843 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 24 29 Yes Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CROWLEY, KEVIN X CROWLEY, KEVIN X COOR COLE 4-DELL ADDRESS CHANGE 131 N GADSDEN ST-TALLAHASSEE FL 92301 215 S. MONROC CITAL CALACSEF 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) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition HOWELL, KEITH NAME 1.2 NAME 3009 S SHAMROCK STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE STD DELETE 21 TITLE Change Addition HOWELL, THERESA NAME 2.2 NAME 3009 S SHAMROCK STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4 1 TITLE 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 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 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 altrichment with an address.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

DELETE

668-4288

Change

Addition