

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

7590101

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088767

1. Corporation Name

ABBEY CARPET CO., INC.

Principal Place of Business

3434 Marconi Avenue
Sacramento, CA 95821

Mailing Address

3434 Marconi Avenue
Sacramento, CA 95821

3. Date Incorporated or Qualified

11/17/95

3a. Date of Last Report

n/a

2. Principal Place of Business

21 801 Laurel Oak Drive

Suite, Apt. #, etc

22 Suite 710

City & State

23 Naples, FL

Zip

24 33963

Country

25 US

2a. Mailing Address

26 801 Laurel Oak Drive

Suite, Apt. #, etc

27 Suite 710

City & State

28 Naples, FL

Zip

29 33963

Country

30 US

4. FEI Number

94-1424097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525 US

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Philip Gutierrez
STREET ADDRESS 3434 Marconi Avenue
CITY-ST-ZIP Sacramento, CA 95821

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Philip Gutierrez
1.3 STREET ADDRESS 801 Laurel Oak Drive, Suite 710
1.4 CITY-ST-ZIP Naples, FL 33963

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D. Herbert Gray
2.3 STREET ADDRESS 801 Laurel Oak Drive, Suite 710
2.4 CITY-ST-ZIP Naples, FL 33963

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VP-
Stephen Silverman
3.3 STREET ADDRESS 801 Laurel Oak Drive, Suite 710
3.4 CITY-ST-ZIP Naples, FL 33963

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME S/T
Patricia Peterson
4.3 STREET ADDRESS 801 Laurel Oak Drive, Suite 710
4.4 CITY-ST-ZIP Naples, FL 33963

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 700001907707
5.3 STREET ADDRESS -07/30/96--01050--006
5.4 CITY-ST-ZIP ***225.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96

(941) 513-1700

CR2E034 (12/95)