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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000088767 (5)

1. Corporation Name
ABBEY CARPET CO., INC.

Principal Place of Business	Mailing Address
801 LAUREL OAK DR. STE. 710 NAPLES FL 33963	801 LAUREL OAK DR. STE. 710 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1995

2. Principal Place of Business
21: 3471 Bonita Bay Blvd
22: Suite, Apt. #, etc.
23: City & State: Bonita Springs Fl.
24: Zip: 34134
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DENMON, RICHARD A ESQ.
ONE HARBOUR PLACE, CARLTON FIELDS
777 S. HARBOUR ISLAND BLVD.
TALLAHASSEE FL 33602-5799

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 _____ DATE
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	DCEO	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GUTIERREZ, PHILIP		1.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR. STE 710		1.3 STREET ADDRESS	3471 Bonita Bay Blvd	
CITY-ST-ZIP	NAPLES FL 33963		1.4 CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	CFO	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GRAY, HERBERT D		2.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR. STE 710		2.3 STREET ADDRESS	3471 Bonita Bay Blvd	
CITY-ST-ZIP	NAPLES FL 33963		2.4 CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	VP	☐ DELETE	3.1 TITLE	President	☒ Change ☒ Addition
NAME	SILVERMAN, STEPHEN		3.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR. STE 710		3.3 STREET ADDRESS	3471 Bonita Bay Blvd	
CITY-ST-ZIP	NAPLES FL 33963		3.4 CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	ST	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	PETERSON, PATRICIA		4.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR. STE 710		4.3 STREET ADDRESS	3471 Bonita Bay Blvd	
CITY-ST-ZIP	NAPLES FL 33963		4.4 CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 attachment with an address.

SIGNATURE: [signature] D Herbert Gray 1-5-98 (941) 948-0900