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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000088767**

1. Corporation Name
ABBEY CARPET CO., INC.

Principal Place of Business	Mailing Address
3471 BONITA BAY BLVD ~~STE. 710~~ BONITA SPRINGS FL 34134 US	~~801 LAUREL OAK DR~~ ~~STE. 710~~ ~~NAPLES FL 33963~~ 3471 BONITA BAY BLVD. BONITA SPRINGS, FL 34134

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 94-1424097 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. 1999 ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3471 BONITA BAY BLVD.	26 3471 BONITA BAY BLVD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 BONITA SPRINGS, FL	28 BONITA SPRINGS, FL
24 Zip 34134 25 Country	29 Zip 34134 30 Country

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	3471 BONITA BAY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, HERBERT D		2.2 NAME		
STREET ADDRESS	3471 BONITA BAY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		2.4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	SILVERMAN, STEPHEN		3.2 NAME	SILVERMAN, STEPHEN	
STREET ADDRESS	3471 BONITA BAY BLVD		3.3 STREET ADDRESS	3471 BONITA BAY BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		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	3471 BONITA BAY BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		4.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: [signature] 4-28-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)