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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074218 (4)

DUGGINS CARPET CARE, INC. Principal Place of Business 428 AIRPORT BLVD. PENSACOLA FL 32503 2. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 23 28 Zip Country 24 25 29 **DUGGINS, TIMOTHY**

FILED Apr 14 1998 8:00am Secretary of State

Mailing Address 428 AIRPORT BLVD. PENSACOLA FL 32503 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1996 2a. Mailing Address 4. FEI Number Applied For 59-3399338 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country Ζφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name 428 AIRPORT BLVD. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 83 84 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 signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE GENTRY, ALBERT 1.2 NAME NAME 2408 E BEAUMONT DR 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32504 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BEDSOLE, WAYNE NAME 2.2 NAME 2094 OLD CHEMSTRAND RD STREET ADDRESS 2.3 STREET ADDRESS CANTONMENT FL 32533 2. 4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 3.1 TITLE TITLE DUGGINS, TIMOTHY NAME 3.2 NAME 320 SOUTH 30TH AVE STREET ADDRESS 3.3 STREET ADDRESS MILTON FL 32583 CITY-\$7-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 account and that my signature shall have the same legal effect as if made under eath; 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 attenting of with an address.

SIGNATURE:

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