

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000002177 (8)
 1. Corporation Name
ABELL'S FLOOR COVERING, INC.



Principal Place of Business 1040 S. VOLUSIA AVENUE ORANGE CITY FL 32763	Mailing Address 1040 S. VOLUSIA AVENUE ORANGE CITY FL 32763
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1997	
21	26	4. FEI Number 59-2880529		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
23	28	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
24	25	29	30		
Zip		Country		Zip	
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ABELL, WILLIAM C 1568 EUCLID AVE. DELAND FL 32763				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P. William C. Abell 1568 Euclid Ave. DeLand, FL 32763	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		1.2 NAME					
STREET ADDRESS		1.3 STREET ADDRESS					
CITY-ST-ZIP		1.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, on an attachment with an address.

CR2E034 (10/97)