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 # P9700004488 (7)

FLORIDA STEAM CARPET INC.

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5926 STONLER RD 5926 STONLER RD TALLAHASSER FL 32303 TALLAHASSER FL 32303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1997 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P.OBD Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Fort Ench ALton 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible OKAJUOSON 30 DKA100Sa ☐ Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHRISTIAN, ROBERT R **5928 STONLER RD** Street Address (P.O. Box Number is Not Acceptable) TALLAHASSER FL 32303 63 City Zip Code 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 Signature, typod or ponteid name of registeruid agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. R Change DELETE TITLE 1.1 TITLE Rosert CHRISTIAN, ROBRERT R NAME 1.2 NAME **5928 STONLER RD** STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSER FL 32303 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 21 TITLE presiden CHRISTIAN, GINA D , Gina NAME 2.2 NAME *HRISTI* our 5928 STONLER RD STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSER FL 32303 FL,32647 CITY-ST-ZIP 2 4 City-St-7iP DELETE TITLE 31 TITLE ___ Change Addition NAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TOTALE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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.