


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90150 050 \*\*\*150.00

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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|--|---|--|

**DOCUMENT # P97000009715**

1. Corporation Name  
**AMERICAN CARPET CLEANING INC.**

Principal Place of Business  
**7900 THOMAS DRIVE  
 PANAMA CITY BEACH FL 32407**

Mailing Address  
**P O BOX 8695  
 PANAMA CITY BEACH FL 32417**



DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br><b>604 Redbird St</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br><b>604 Redbird St</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>01/27/1997</b>  |  |
| 21. City & State<br><b>Lynn Haven, FL</b>                                      |  | 26. City & State<br><b>Lynn Haven, FL</b>                           |  | 4. FEI Number<br><b>59-3430969</b>  |  |
| 22. Zip<br><b>32444</b>  |  | 27. Zip<br><b>32444</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 23. Country<br><b>USA</b>  |  | 28. Country<br><b>USA</b>   |  | 6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                             |  |
| 24. Signature<br><b>Troy L. Smith</b>  |  | 29. Signature<br><b>Troy L. Smith</b>                               |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>DUREN, IKE<br/>         7900 THOMAS DRIVE<br/>         PANAMA CITY BEACH FL 32407</b> |  | 10. Name and Address of New Registered Agent<br>81. Name <b>Troy L. Smith</b><br>82. Street Address (P.O. Box Number is Not Acceptable)<br><b>604 Redbird St.</b><br>83. City <b>Lynn Haven</b> <b>FL</b> 85. Zip Code <b>32444</b> |  |
|---|--|---|--|

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 **Troy L. Smith** DATE **5/4/99**

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <b>DUREN, ISAAC</b>                                 | 1.2 NAME  |   |
| STREET ADDRESS             | <b>101 TIMBER LN</b>                                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PANAMA CITY FL 32405</b>                         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE           | 2.1 TITLE   | <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SMITH, TROY L</b>                                | 2.2 NAME  | <b>Troy L. Smith</b>  |
| STREET ADDRESS             | <b>604 REDBIRD STREET</b>                           | 2.3 STREET ADDRESS                                    | <b>604 Redbird St</b>   |
| CITY-ST-ZIP                | <b>LYNN HAVEN FL 32944</b>                          | 2.4 CITY-ST-ZIP                                       | <b>LYNN HAVEN, FL 32444</b>   |
| 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Troy L. Smith** DATE **4/7/99** DAYTIME PHONE # **850-960-0204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)