FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State

## **FILED** Feb 04 1998 8:00am Secretary of State

ļ	1998	DIVISION OF COF	IPORATIONS		
1	MENT # P9700( CARPETS OF LARGO, INC.	0041001 (3)			1481 11811 <b>88</b> 111 881181 1181 1881
Principal Plac	e of Business	Mailing Address			IBBA INBIN BBINI BBIIBA INBI INBI
50 SRD STREET NW 50 3RD STREET NW					
LARGO FL 33		LARGO FL 33770			
				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	ĺ
2. Principal P	Place of Business	2a, Mailing Address		<b>05/05/1997 4.</b> FEI Number	Applied For
21		26		59-3431646	Not Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	ө	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Zip	Country	This corporation owes or has paid the corporation of the corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation of the corp	Added to Fees
24	25	29 30	)	Personal Properly Tax due June 30.	Yes No
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	d Agent
BA	RNARD, MICHAEL JEB		81 Name		
50 3RD STREET NW			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LAI	RGO FL 33770				
,1			83		
			84 City	Fi	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes, f	he above-named corr		
office or re	egistered agent, or both, in the State	of Florida, Such change was authors of Section 607 0505, Florida	orized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	opointment as registered
	mich c. In I Bo			1 ~ 1	
SIGNATURE	Signature, typed or printed print of registered agr	int and lifte if applicable (NOTE flu	eb Barnor gistered Agent signature requi	red when reinstating) DATE	<u> </u>
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARNARD, MICHAEL JEB	•	1.2 NAME		ļ
STREET ADDRESS	50 3RD STREET NW LARGO FL 33770		1.3 STREET ADDRESS		[
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 CHY-SI-ZIP 2.1 HILE		Change Addition
NAME	BARNARD, JUDY	2000	2.2 NAME		
STREET ADDRESS	50 3RD STREET NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		2 4 CITY- ST-ZIP		
TITLE	STD	☐ DELETE	3.1 T(TLE		Change Addition
NAME	BARNARD, BONNIE		32 NAME		}
STREET ADDRESS	50 3RD STREET NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		3.4 CITY-ST-ZIP		
TITLE		☐ DITETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME		1	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		247
CITY-ST-ZIP			5.4 CrtY+St - ZiP		or4
TITLE			6.1 FITLE	الاستان الاستهامات المستان المستان والماري والمعالي والمعاود الاستان المستان والماري والمعاود الاستان المستان والماري	ChangeAddition
NAME		Ì	6.2 NAME	1000024212	Joseph J.
STREET ADDRESS		Į	6.3 STREET ADDRESS	actalling attack a	FC9
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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.

Michael Jeb

SIGNATURE, Michael Ole Bonna

Raymond 1-27-58 1-813-584-641