

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90195 019 ***150.00

DOCUMENT # P97000057882

1. Corporation Name

CERTIFIED CARPET CARE, INC.



Principal Place of Business

Mailing Address

PARENTAL HOME ROAD #4
JACKSONVILLE FL 32216

POST OFFICE BOX 16952
JACKSONVILLE FL 32245-6952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1997

4. FEI Number

59-3454268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

2059 Ryar Rd
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

City & State
Jacksonville, FL

27
City & State

Zip
32216

Country

28
Zip

Country

29
Zip

30

9. Name and Address of Current Registered Agent

MORRIS, WILLIAM A
1821 PARENTAL HOME ROAD #4
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

Barbara Morris

82 Street Address (P.O. Box Number is Not Acceptable)

2059 Ryar Rd

83

84 City

Jacksonville

FL

85 Zip Code

32216

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 Barbara Morris

(NOTE: Registered Agent signature required when reinstating)

DATE

Barbara Morris, Pres 4-25-00

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSTD	MORRIS, WILLIAM A	2335 BREST ROAD	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/>
VD	WALTERS, THOMAS C	8201 KINGS AVENUE APT. 102	JACKSONVILLE FL 32211	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

BVP, T.S.D
Barbara Morris
2059 Ryar Rd
JACK, FL 32216

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 a signature like empowered.

SIGNATURE: Barbara Morris

4/25/00

Date

904-7242420

Daytime Phone #