

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90073 026 ***158.75

0077508

DOCUMENT # P97000095306

1. Corporation Name

CARPET BARGAINS SUPERMARKET, INC.



Principal Place of Business
2913 S ORLANDO DRIVE
SANFORD FL 32773

Mailing Address
2913 S ORLANDO DRIVE
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1997

2. Principal Place of Business

21 2470 S. ORANGE AVE

2a. Mailing Address

26 2470 S. ORANGE AVE

4. FEI Number

65-0810346

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 32806

Country

25 ORANGE

Zip

29 32806

Country

30 ORANGE

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOBER, JIM
2913 S ORLANDO DRIVE
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name

GOBER, JIM (SAME AGENT)

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

2470 S. ORANGE AVE

83

84 City

ORLANDO

FL

85 Zip Code

32806

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GOBER, JIM
STREET ADDRESS PO BOX 490545 ((N/A))
CITY-ST-ZIP LEESBURG FL 34749-0545

TITLE S ☐ DELETE

NAME JOHNSTON, SUSAN GOBER
STREET ADDRESS PO BOX 490545 ((N/A))
CITY-ST-ZIP LEESBURG FL 34749-0545

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 (407) 835 1035

CR2E034 (11/98)