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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secret ary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90155 025 ***150.00

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DOCUMENT # P9700096562

1. Corporation Name

CALHOUN CARPET OUTLET, INC.

Principal P ac	e of Business	Mailing Address						I IFALIE ALDA LUDA
211 W 15Th		211 W 15TH						
PANAMA CITY FL 32401		PANAMA CITY FL 32401						
US US		US	\$		DO NOT WRITE IN THIS SPACE			
ĺ					3. Date Incorporated or Qualife	ed		
	······				11/07/1997			-
·	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	or lied For
21		26			<u>59-3477206</u>			ot Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc.			5. Certifc ate of Status Desired		•	A iditional ecuired
City & City		City & State						
City & Stat	e	 			Election Campaign Financin Trust Fund Contribution	g 🗆		May Be tc Fees
Zip	Cour try		Country		8. This corporation owes the co			1 665
	25	29	30		Personal Property Tax.	-	∏ Yes	J⊠No
24	9. Name and Address of Curren		30		10. Name and Address of New			2-10
	or manie and manage or buries.	. regulation i igani	81	Name			<u> </u>	
EDG	ERTON, DONALD A							
2:53 FOXWORTH DRIVE			82	Street Ac	dress (P.O. Box Number is Not Acce 19 HWY 77	ptable)		
	AMA CITY FL 32405		83	143	11 11 11 11 11			
			84	City	TH PART	FI	85 Zip	Code ULA9
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statu	tes, the above-	named co	TH PORT rporation submits this statement for the	ne purpose of c	hanging its	registered
i office.crm	egistered agent, or bo h, in the State	of Florida. Such change was a	authorized by the	he corpora	tion's board of cirectors. I hereby acc	cept the appoint	tment as re	g stered
_	m familiar with, and accept the obliga	tions of, Section 607.0505, Fit	onua Statutes.					
SIGNATURE	'quature, typed or printed na ne of registered ager	nt and title if applicable (NOT	. Registered Agent	signature requ	ired when reinstating)	DATE		
12.		II: DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO	DF:S IN 12
TITLE	D	☐ DELETE	1.1 TITLE					
NAME	EDGERTON, DONALD R		4 O NAME				Change	Addition
STREET ADDRE 3S	2353 FOXWORTH DRIVE		1.2 NAME	I	- · · · ¬¬		Change	Addition
CITY-ST-ZIP	2000 I OMIOINII DINIL		1.3 STREET A	ADDRESS	12319 HWY 77		Change	Addition
				ADDRESS ZIP	12319 Hwy 77 South Part FL	32409	☐ Change	Addition
TITLE	PANAMA CITY FL 32405		1.3 STREET A	ADDRESS ZIP	12319 Hwy 77 South Port, FL	3240 <u>9</u>	☐ Change	Addition
TITLE NAME	PANAMA CITY FL 32405 D	DELETE	1.3 STREET #	ADDRESS ZIP	12319 Hwy 77 South Part, FL	32409		
	PANAMA CITY FL 32405 D LEHMAN, MARK	☐ DELETE	1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS ZIP		<u>32409</u>		
NAME	PANAMA CITY FL 32405 D LEHMAN, MARK 2353 FOXWORTH DRIVE	☐ DELETE	1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS 2	11 W 15th	_		
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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 recuired 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

850-763-0911