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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000100651 (3)

CARPETS OF PINELLAS, INC.

Principal Place of Business Mailing Address						- 1 100/1041 110 1911) 1001) 0011) 00111 1011 1011		
1750 MISSOL		1750 MISSOUR AVENUE						
LARGO FL 33770		LARGO FL 33770				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						11/24/1997		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For		
ท		26				59 3479452 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u></u> -	5. Certificate of Status Desired \$8.75 Additional		
		27				6. Certificate of Status Desired Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
<u> </u>		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible		
		29 30		<del></del>		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cu	irrønt Hegistered Agent		1		10. Name and Address of New Registered Agent		
LOVELACE, WILLIAM K				81	Name			
	10 WEST BAY DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
LA	rgo fl							
				83				
				84	City	FL 85 Zip Code		
11. Pursuant office or r	to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the c	.0502 and 607.1508, Floric State of Florida Such chan obligations of Section 607.	la Statutes, the a ge was authorize 0505. Florida Sta	tbove ed by stutes	-named cor the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	The state of the s	on governous or a construction of the						
	Signature, typod or printed name of registers				nt signature requ	ired when reinstating) OATE		
12.	OFFICERS AND DIRECTORS 1					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D AMAZINI EDWIADD I	∐ DE	DELETE 1.11			Change Addition		
IAME	MAKIN, EDWARD L			IAME				
STREET ADDRESS	LARGO FL 33770		1.3 \$	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
PIZ-12-YTK								
FITLE	U			ITLE		Change Addition		
NAME	EET ADDRESS 1750 MISSOUR AVENUE 2.		2.2 N	2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS			2.3 S					
MIY-ST-ZIP LARGO FL 33770			2.44	2. 4 CiTY-ST-ZiP				

64CITY-ST-ZIP

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 roport or supplemental propert is true and acquirate 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 roporation or the roporation or the roporated by this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or manufaction in with an address.

3.1 TITLE

3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

DELETE

DELETE

DELETE

DELETE

14 116 00 012 506 190

Change

Change

Change

Addition

Addition

Addition

Addition

**FILED** 

May 19 1998 8:00am

Secretary of State