FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED Apr 17 1998 8:00am PROFIT OF STATE FLORIDA DEPARTMENT CORPORATION Sandra B. Moi Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0) R & R CARPET SERVICE, INC. Principal Place of Business Mailing Address 3180 PHILLIPS HWY 2840 LORAN DRIVE EAST JACKSONVILLE FL 32207 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1990 2. Principal Place of Business FEI Number Mailing Address Applied For 28. <u>59-3027699</u> 21 26 Not Applicable Suite, Apl. #, elc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zip Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 Personal Property Tax due June 30. 30 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name PARKS, SCOTT B. 233 E BAY ST Street Address (P.O. Box Number is Not Acceptable) 82 1023 BLACKSTONE BLDG JACKSONVILLE FL 32202 83 Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 11 TITLE MOSES, RANCE A NAME 1.2 NAME CR2E034 10360 LAWSON RD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-7IF 1.4 CITY-ST-ZIP TITLE DELETE Change Addition FRICKE, RALPH W. 2.2 NAME 2840 LORAN DRIVE EAST STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITEF Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE

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

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 City-St-ZiP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

DELETE

9047378959

Change

Addition