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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

STREET ADDRESS

S65388

(8)

JONES CARPET AND RUG GALLERY, INC.

Principal Place of Business Mailing Address P.O. BOX 9547 PENSACOLA FL 32513 US Mailing Address P.O. BOX 9547 PENSACOLA FL 32513 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1991		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-3072841	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
28					1100110110001111011	Added to Fees
Zip	Country	Zφ	Country		8. This corporation owes or has paid	
24	25 9. Name and Address of Curre	29 Agent	30		Personal Property Tax due June 30 10. Name and Address of New Regis	
JONES, R.W. 5800 N. DAVIS HIGHWAY PENSACOLA FL 32503			81 82 83	Name Street Add	dress (P.O. Box Number is Not Acceptable)	
			84	City	-	FL 65 Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable (NO	[[: Registered Age		poration submits this statement for the puration's board of directors. I hereby accept to the puration of the	DATE
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE NAME	JONES, RW	[_] btttic	1.2 NAME			C Charge C Addition
STREET ADDRESS	5600 N DAVIS HWY		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-S	1		
TITLE	DELETE		2.1 TITLE	,		Change Addition
NAME	JONES, MYRTICE E		2.2 NAME	1		
STREET ADORESS	5600 N DAVIS HWY		2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP		
TITLE			3.1 TITLE	į.		Change Addition
NAME	JONES, R.L.		3.2 NAME	-		
STREET ADDRESS	5600 N DAVIS HWY PENSACOLA FL		3.3 STREET	· · · · · · · · · · · · · · · · · · ·		
CITY-\$1-ZIP	S			I-ZIP S	<u></u>	Change Addition
NAME	PULFORD, KEVIN	FT DEFEIR	4.1 TITLE 4. 2 NAME	K	evin L. Pulford	Marchange (™ vanimon)
STREET ADDRESS	5600 N. DAVIS HWY.		4.2 NAME	ADDRESS 5	600 N. Davis Hwy.	
CITY-ST-ZIP	PENSACOLA FL 32503		4.4 CITY-S	1-7/P	nsacola, Fl.	
TITLE		DELETE	5.1 TITLE		/	☐ Change
NAME			5.2 NAME	J	ason R. Jones	-
STREET ADDRESS			5.3 STREET	ADDRESS 5	600 N. Davis Hwy.	
CITY-ST-ZIP			5.4 CITY-S		ensacola, Fl.	
TITLE		DELETE	6.1 TITLE			Change Addition

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 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 trust compowered 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 or unit attachment with an address.

6.2 NAME 6.3 STREET ADDRESS