

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  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90017 020 \*\*\*150.00

DOCUMENT # S90829

1. Corporation Name

REEDY CARPETS OF OCALA, INC.

Principal Place of Business

2419 SW 27TH AVE  
OCALA FL 34474  
US

Mailing Address

2419 SW 27 AVE  
OCALA FL 34474  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1991

4. FEI Number

59-3091196

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KUTZ, CLEMEN L.  
1027 S.E. 57TH AVE.  
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

12. OFFICERS AND DIRECTORS

TITLE PV ☒ DELETE  
NAME REEDY, OSCAR P.  
STREET ADDRESS 5200 CYPRESS CREEK DR.  
CITY-ST-ZIP ORLANDO FL

TITLE ST ☒ DELETE  
NAME REEDY, PEGGY ANNE  
STREET ADDRESS 5200 CYPRESS CREEK DR.  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE  
NAME KUTZ, CLEMEN L.  
STREET ADDRESS 1027 S.E. 57TH VE.  
CITY-ST-ZIP OCALA FL

TITLE VP ☐ DELETE  
NAME KUTZ, LILIAN M.  
STREET ADDRESS 1027 S.E. 57TH AVE.  
CITY-ST-ZIP OCALA FL

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 PV ☒ Change ☐ Addition  
1.2 NAME KUTZ, CLEMEN L.  
1.3 STREET ADDRESS 1027 S.E. 57 AVE.  
1.4 CITY-ST-ZIP OCALA, FLA. 34471

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME KUTZ, LILIAN M.  
2.3 STREET ADDRESS 1027 S.E. 57 AVE.  
2.4 CITY-ST-ZIP OCALA, FLA. 34471

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME KUTZ, SCOTT R.  
3.3 STREET ADDRESS 5120 SE 23 LA.  
3.4 CITY-ST-ZIP OCALA, FLA. 34471

4.1 TITLE VP ☐ Change ☒ Addition  
4.2 NAME KUTZ, ERIC L.  
4.3 STREET ADDRESS 13374 S.E. 108 AVE  
4.4 CITY-ST-ZIP OKLAHAWA, FL. 32179

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

2-26-99 352-237-0886

Date

Daytime Phone #

CR2E034 (11/98)