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Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V04236** (8)  
1. Corporation Name  
**REEDY CARPETS OF ORANGE CITY, INC.**

Principal Place of Business  
**2427 ENTERPRISE ROAD  
ORANGE CITY FL 32763**

Mailing Address  
**2427 ENTERPRISE ROAD  
ORANGE CITY FL 32763**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/03/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3098631</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DARLENE FIELDS 2427 ENTERPRISE RD ORANGE CITY FL 32763</b>				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	V.P.
NAME	LESLIE RICHARDSON	1.2 NAME	WALT SOUTHARD
STREET ADDRESS	2427 ENTERPRISE RD.	1.3 STREET ADDRESS	1303 ORANGE ST.
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	DELAND, FL. 32744
TITLE	P	2.1 TITLE	(SAME)
NAME	FIELDS, RON	2.2 NAME	(SAME)
STREET ADDRESS	390 GOLF BROOK CIR #108	2.3 STREET ADDRESS	865 EDGEFOREST TER.
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	SANFORD, FL. 32771
TITLE	ST	3.1 TITLE	(SAME)
NAME	FIELDS, DARLENE	3.2 NAME	(SAME)
STREET ADDRESS	390 GOLF BROOK CIR #208	3.3 STREET ADDRESS	865 EDGEFOREST TER.
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	SANFORD, FL. 32771
TITLE	VP	4.1 TITLE	
NAME	FRANCESCO, ROY	4.2 NAME	
STREET ADDRESS	909 E RICH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:

*Darlene Fields*

DARLENE FIELDS

1/5/98

904-775-1118

CR2E034 (10/97)