FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V58734 (7)

1. Corporation Name
GOLD COAST CARPET CARE, INC.

Principal Place of Business	Mailing Address
5036 MILE STRETCH RD SUITE 7 HOLIDAY FL 34690 US	5036 MILE STRETCH RD SUITE 7 HOLIDAY FL 34690 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 2053 GRAND BLVD.	26 2053 GrAND BLVD
22 Suite, Apt. #, etc. Holiday, FLORIDA	27 Suite, Apt. #, etc.
23 City & State 34690 US	28 City & State Holiday, FLORIDA
24 Zip 25 Country	29 Zip 34690 30 Country US

3. Date Incorporated or Qualified: 08/19/1992
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-3121123 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUNT, PATRICIA A.
4750 MILE STRETCH RD.
SUITE 7
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name: Hunt, Patricia A.
82 Street Address (P.O. Box Number is Not Acceptable): 2053 GRAND BLVD
83
84 City: Holiday FL 85 Zip Code: 34690

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] DATE 4/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	HUNT, PATRICIA A.	1 2 NAME	
STREET ADDRESS	4139 WESTWOOD DR.	1 3 STREET ADDRESS	
CITY ST ZIP	HOLIDAY FL	1 4 CITY ST ZIP	
TITLE	~~VPS~~	2 1 TITLE	☐ Change ☐ Addition
NAME	~~ROUSE, MARY L~~	2 2 NAME	
STREET ADDRESS	~~2050 HUNTERS GLEN DR #608~~	2 3 STREET ADDRESS	
CITY ST ZIP	~~DUNEDIN FL~~	2 4 CITY ST ZIP	
TITLE	VPT	3 1 TITLE	☐ Change ☐ Addition
NAME	HUNT, BILLY	3 2 NAME	
STREET ADDRESS	4139 WESTWOOD DR	3 3 STREET ADDRESS	
CITY ST ZIP	HOLIDAY FL	3 4 CITY ST ZIP	
TITLE	~~VP~~	4 1 TITLE	☐ Change ☐ Addition
NAME	~~SWINTON, DAVID J.~~	4 2 NAME	
STREET ADDRESS	~~4136 WOODTRAIL BLVD~~	4 3 STREET ADDRESS	
CITY ST ZIP	~~NEW PORT RI~~	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 4/29/95 (813) 938-6499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073001 CP