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Jul 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741809** (8)
1. Corporation Name
DECORATIVE ARTISTS OF JACKSONVILLE, INC.



Principal Place of Business RT. 4 BOX 236 CALLAHAN FL 32011 US	Mailing Address 8493 RUCKMAN AVE JACKSONVILLE FL 32221-8578 US
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2. Principal Place of Business 21 4833 River Basin Dr., S.		2a. Mailing Address 26 P. O. Box 10975		3. Date Incorporated or Qualified 02/24/1978		3a. Date of Last Report 02/29/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-1795321		Applied For Not Applicable	
23 City & State Jacksonville, Florida		28 City & State Jacksonville, Florida		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
24 Zip 32207		29 Zip 32247		30 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 Country USA		31 Country USA		32 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent DIXON, MYRA N 8493 RUCKMAN AVE JACKSONVILLE FL 32221				10. Name and Address of New Registered Agent			
				81 Name Johnel K. Martin			
				82 Street Address (P.O. Box Number is Not Acceptable) 2012 Burpee Drive			
				83			
				84 City Jacksonville, FL			
				85 Zip Code 32210			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Johnel K. Martin **JOHNEL K. MARTIN** DATE **April 22, 1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE	President	☒ Change	☐ Addition
NAME	WILLIAMS, DIANE			1.2 NAME	Calkins, Sharon		
STREET ADDRESS	RT. 4 BOX 236			1.3 STREET ADDRESS	4833 River Basin Drive, S.		
CITY-ST-ZIP	CALLAHAN FL 32011			1.4 CITY-ST-ZIP	Jacksonville, FL 32207	☒ Change	☐ Addition
TITLE	V	DELETE		2.1 TITLE	Vice-President		
NAME	CALKINS, SHARON			2.2 NAME	Short, Laraine		
STREET ADDRESS	4833 RIVER BASIN DR S.			2.3 STREET ADDRESS	275 Ranch Road		
CITY-ST-ZIP	JACKSONVILLE FL 32207			2.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	☒ Change	☐ Addition
TITLE	SD	DELETE		3.1 TITLE	Secretary/Director - S/D	☒ Change	☐ Addition
NAME	MARTIN, JOHNEL			3.2 NAME	Simpson, Gail		
STREET ADDRESS	2012 BURPEE DRIVE			3.3 STREET ADDRESS	8127 Seven Mile Drive		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	☒ Change	☐ Addition
TITLE	TD	DELETE		4.1 TITLE	Treasurer/Director - T/D	☒ Change	☐ Addition
NAME	DIXON, MYRA N			4.2 NAME	Martin, Johnel K.		
STREET ADDRESS	8493 RUCKMAN AVE			4.3 STREET ADDRESS	2012 Burpee Drive		
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP	Jacksonville, FL 32210	☒ Change	☐ Addition
TITLE	VD	DELETE		5.1 TITLE	Second Vice-President/Director - V/P	☒ Change	☐ Addition
NAME	SHORT, LARAIN			5.2 NAME	Anderson, Peggy		
STREET ADDRESS	275 RANCH RD.			5.3 STREET ADDRESS	6140 Deepwood Drive, W.		
CITY-ST-ZIP	PONTE VEDRA FL			5.4 CITY-ST-ZIP	Jacksonville, FL 32244	☐ Change	☐ Addition
TITLE		DELETE		6.1 TITLE			
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Johnel K. Martin **JOHNEL K. MARTIN** DATE **4/22/97** (and) 02-29-96

CR2E037 (9/96)