FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Feb 29 1996 8:00am
Secretary of State

DOCUMENT # 741809 (8)

1. Corporation Name
DECORATIVE ARTISTS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
12353 WOODSIDE LANE ST SIMONS ISL GA 31522 US	8493 RUCKMAN AVE JACKSONVILLE FL 32221 US

3. Date Incorporated or Qualified: 02/24/1978
3a. Date of Last Report: 03/13/1995

2. Principal Place of Business	2a. Mailing Address
21 Rt 4, Box 236	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Callahan, Fl.	28 City & State
24 Zip: 32011 25 Country: US	29 Zip 30 Country

4. FEI Number: 59-1795321 ☐ 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	10. Name and Address of New Registered Agent
DIXON, MYRA N 8493 RUCKMAN AVE JACKSONVILLE FL 32221	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 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAUMGARDNER, SUSAN 124 ALDEN CIR ST. SIMONS ISLAND GA	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIANE Williams Pres. Rt 4 Box 236 Callahan, Fl 32011	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAM, DIANE RT 4 BOX 236 CALLAHAM FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1st V.P. Sharon Calkins 4830 River Basin Drs. Jacksonville, Fl 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTIN, JOHNEL 2012 BURPEE DRIVE JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIXON, MYRA N 8493 RUCKMAN AVE JACKSONVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	000001729300 -03/01/96-01052-006 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHORT, LARAINE 275 RANCH RD. PONTE VEDRA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	2nd VP.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Myra N. Dixon 2/23/96 904-781-3023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

2/29/96