FILE NOW: FILING FEE IS $61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 741809 (8)

1. Corporation Name
DECORATIVE ARTISTS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
4833 RIVER BASIN DR., S. JACKSONVILLE FL 32207 US	P.O. BOX 10975 JACKSONVILLE FL 32247 US

3. Date Incorporated or Qualified: 02/24/1978

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No N/A

2. Principal Place of Business	2a. Mailing Address
21 275 RANCH ROAD	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PONTE VEDRA FL	City & State 28
Zip 24 32082 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

MARTIN, JOHNEL K
2012 BURPEE DRIVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Gail Simpson
82 Street Address (P.O. Box Number is Not Acceptable): 8128 Seven Mile Drive
83
84 City: Ponte Vedra, FL 85 Zip Code: 32082

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: Gail L. Simpson, GAIL L. SIMPSON 5/6/98
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	P CALKINS, SHARON 4833 RIVER BASIN DRIVE, S. JACKSONVILLE FL 32207	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Short, Laraine 275 Ranch Road Ponte Vedra, FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHORT, LARAINE 275 RANCH ROAD PONTE VEDRA FL 32082	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President Martin, Johnel 2012 Burpee Drive Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMPSON, GAIL 8127 SEVEN MILE DRIVE PONTE VEDRA FL 32082	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary/Director - S/D Derrick, Paula 7633 Las Palmas Way Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTIN, JOHNEL K K 2012 BURPEE DRIVE JACKSONVILLE FL 32210	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer/Director - T/D Simpson, Gail 8128 Seven Mile Drive Ponte Vedra, FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANDERSON, PEGGY 6140 DEEPWOOD DRIVE, W. JACKSONVILLE FL 32244	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Second Vice-Pres./Director V/D Dixon, Myra N. 8493 Ruckman Avenue Jacksonville, FL 32221	☒ 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 (10/97)

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

SIGNATURE: Gail L. Simpson TREASURER GAIL L. SIMPSON 5/6/98 (904) 285-3365