SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 29 PM 1:13

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DOCUMENT # 741809

1. Corporation Name
DECORATIVE ARTISTS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
275 RANCH RD PONTE VEDRA FL 32082 US	P.O. BOX 10975 JACKSONVILLE FL 32247 US

03-06-99 90094 015 $61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2012 Burpee Dr.	26	02/24/1978
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1795321 ☐ Applied For ☐ Not Applicable
23 City & State Jacksonville, FL	28 City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 32210 25 Country US	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SIMPSON, GAIL
8128 SEVEN MILE DRIVE
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name MYRA N. DIXON
82 Street Address (P.O. Box Number is Not Acceptable) 8493 Ruckman Ave
83
84 City Jacksonville FL 85 Zip Code 32221

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 Myra N. Dixon 9/7/99
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 SHORT, LARAINE 275 RANCH ROAD PONTE VEDRA FL 32082	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VPD Zamolski, Therese 8501 Rock Knoll Dr Jacksonville, FL 32221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTIN, JOHNEL 2012 BYROEE DR JACKSONVILLE FL 32210	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD Martin, Johnel 2012 Burpee Dr. Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DERRICK, PAULA 7633 LAS PALMAS WAY JACKSONVILLE FL 32082	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P Derrick, Paula 7633 Las Palmas Way Jacksonville, FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMPSON, GAIL 8128 SEVEN MILE DRIVE PONTE VEDRA FL 32082	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P Spraf, Devi 672 Ponte Vedra Blvd. Ponte Vedra, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIXON, MYRA N 8493 RUCKMAN AVENUE JACKSONVILLE FL 32221	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD DIXON, MYRA N. 8493 Ruckman Ave. 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	DR 9/30	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Myra N. Dixon **REQUIRED** 9/8/99 904-381-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)