

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **854604** (6)

1. Corporation Name  
**ASCOT DRAPERY COMPANY, INC.**



Principal Place of Business: **9798 SE MARICAMP ROAD, Ocala FL 32672**  
Mailing Address: **503 SOUTH MAIN STREET, NAPPANEE IN 46550**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified <b>11/05/1982</b>	3a. Date of Last Report <b>09/25/1995</b>
4. FEI Number <b>35-1381338</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has ability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEXIS DOCUMENTS SERVICES, INC.  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 607.1502, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>YODER, HOWARD E.</b>	
STREET ADDRESS	<b>3105 CRABTREE LANE</b>	
CITY, ST, ZIP	<b>ELKHART IN</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MANNING, KENNETH J.</b>	
STREET ADDRESS	<b>12121 N CAMELOT TRAIL</b>	
CITY, ST, ZIP	<b>MILFORD IN</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDS, ALAN</b>	
STREET ADDRESS	<b>67855 COUNTY ROAD 31</b>	
CITY, ST, ZIP	<b>GOSHEN IN</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARDSON, LEE</b>	
STREET ADDRESS	<b>105 EAST LINCOLN</b>	
CITY, ST, ZIP	<b>NAPPANEE IN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-03/20/96-01021-005  
\*\*200.00

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 118.07(5)(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 receiver or trustee empowered to prepare 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: *Alan Sands*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/96  
219 773 7751  
DATE PREPARED

CR2E034 (12/95)