

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 8541004  
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 46550-2531

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc					Suite, Apt. #, etc				
City & State					City & State				
Zip					Zip				
Country					Country				
9. Name and Address of Current Registered Agent									

9. Name and Address of Current Registered Agent  
Lexis Documents Services, Inc.  
3953 W. W. Kelly Road  
Tallahassee, FL 32311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/82

4. FEI Number: 35-1381338

5. Certificate of Status Desired: [ ]

6. Election Campaign Financing Trust Fund Contribution: [ ]

8. This corporation owes the current year Intangible Personal Property Tax: [X] Yes [ ] No

10. Name and Address of New Registered Agent

Applied For Not Applicable: \$8.75 Additional Fee Required

May Be Added to Fees: \$5.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	[ ] Change [ ] Addition
NAME	Yoder, Howard E.	1.2 NAME	
STREET ADDRESS	3026 Twin Pines Pointe	1.3 STREET ADDRESS	
CITY-ST-ZIP	Elkhart, IN 46514	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	[ ] Change [ ] Addition
NAME	Manning, Kenneth J.	2.2 NAME	
STREET ADDRESS	12121 N. Camelot Trail	2.3 STREET ADDRESS	
CITY-ST-ZIP	Milford, IN 46542	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	[ ] Change [ ] Addition
NAME	Sands, Alan	3.2 NAME	
STREET ADDRESS	67855 County Road 31	3.3 STREET ADDRESS	
CITY-ST-ZIP	Goshen, IN 46526	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	[ ] Change [ ] Addition
NAME	Richardson, Lee	4.2 NAME	
STREET ADDRESS	503 South Main Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Nappanee, IN 46550	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

200002823112--2  
-03/30/99--01029--024  
\*\*\*150.00 \*\*\*150.00

3/10/96

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 607, 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: *Lee Richardson* 3/10/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION