

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

**FILED**

**Mar 26 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F94000005412 (1)**

1. Corporation Name  
**PATTON WALLCOVERINGS, INC.**



Principal Place of Business  
**1106 RIDGE ST.  
COLUMBUS OH 43215**

Mailing Address  
**1106 RIDGE ST.  
COLUMBUS OH 43215-1154**

3. Date Incorporated or Qualified **10/18/1994** 3a. Date of Last Report **02/28/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **31-1418769** Applied For  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 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

For officer, type in print, title 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	CP	<input type="checkbox"/> DELETE
NAME	ASHTON, DEREK	
STREET ADDRESS	1055 CLARK BLVD.	
CITY- ST- ZIP	BRAMPTON, ONTARIO, CANADA L6T3W-4	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALMSLEY, PETER	
STREET ADDRESS	1055 CLARK BLVD	
CITY- ST- ZIP	BRAMPTON, ONTARIO, CANADA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMPSON, ART	
STREET ADDRESS	1055 CLARK BLVD	
CITY- ST- ZIP	BRAMPTON, ONTARIO, CANADA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PATTON, JIM	
STREET ADDRESS	900 SOUTH US HWY ONE	
CITY- ST- ZIP	JUPITER FL	
TITLE	VPF	<input type="checkbox"/> DELETE
NAME	KING, GREG	
STREET ADDRESS	1106 RIDGE ST.	
CITY- ST- ZIP	COLUMBUS OH 43215	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

14. I do 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.

SIGNATURE *Gregory L. King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/19/97** Daytime Phone # **614-488-1181**

CR2E034 (9/96)