

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K97741 (8)**

1. Corporation Name

PENDLETON & ASSOCIATES INTERIORS, INC.



Principal Place of Business 204 W RUSKIN PLACE P. O. BOX 10312 (32902) SEASIDE FL 32459 US	Mailing Address P.O. BOX 4877 P. O. BOX 10312 (32902) SEASIDE FL 32459-4877 US
---	---

3. Date Incorporated or Qualified 06/23/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2962723	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22. State, Apt. #, etc. 204 W. RUSKIN PLACE	27. State, Apt. #, etc. P.O. BOX 4877
23. City & State SEASIDE, FL.	28. City & State SEASIDE, FL
24. Zip 32459-4877 25. Country	29. Zip 32459-4877 30. Country

9. Name and Address of Current Registered Agent

**PENDLETON, CAROLYN
204 W RUSKIN PLACE
P.O. BOX 4877
SEASIDE FL 32459 - 4877**

10. Name and Address of New Registered Agent

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

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 607.050, Florida Statutes.

SIGNATURE: *[Signature]* **CAROLYN C. PENDLETON** **2-14-96**
(The Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST <input type="checkbox"/> DELETE
NAME	PENDLETON, CAROLYN C
STREET ADDRESS	204 W RUSKIN PLACE
CITY, ST, ZIP	SEASIDE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHALK, JO ALICE
STREET ADDRESS	309 PRISCILLA DRIVE
CITY, ST, ZIP	FT WALTON BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 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: *[Signature]* **CAROLYN C. PENDLETON** **704-231-5788**
(The Registered Agent signature required when registering.) DATE **2/14/96**

CR2E034 (12/95)