

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

AMENDED
K 97741

PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 96 OCT 30 PM 1:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #
 1. Corporation Name
PENOLETON & ASSOCIATES INTERIORS, INC.

Principal Place of Business Mailing Address
204 WEST RUSKIN PLACE - PO Box 4877
SEASIDE, FL 32459

3. Date Incorporated or Qualified **6/29/89** 3a. Date of Last Report **2/16/96**
 4. FEI Number **59-2762723** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **PO Box 4877**
 22 City & State 27 **SEASIDE, FL**
 23 Zip Country 28 **32459 USA**
 24 25 29 30

9. Name and Address of Current Registered Agent
CAROLYN C. PENOLETON

10. Name and Address of New Registered Agent
 81 Name **CAROLYN C. PENOLETON**
 82 Street Address (P.O. Box Number is Not Acceptable) **204 WEST RUSKIN PLACE**
 83
 84 City **SEASIDE** FL 85 Zip Code **32459-4877**

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPS - CAROLYN C. PENOLETON <input type="checkbox"/> DELETE
NAME	CAROLYN C. PENOLETON
STREET ADDRESS	204 WEST RUSKIN PLACE
CITY-ST-ZIP	SEASIDE, FL 32459-4877
TITLE	D. JO ALICE CHALK <input type="checkbox"/> DELETE
NAME	D. JO ALICE CHALK
STREET ADDRESS	309 PRISCILLA DRIVE
CITY-ST-ZIP	FORT WALTON BCH, FL 32458
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 92

1.1 TITLE	DT - VICTOR S. BOWMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICTOR S. BOWMAN
1.3 STREET ADDRESS	204 WEST RUSKIN PLACE
1.4 CITY-ST-ZIP	SEASIDE, FL 32459-4877
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	700002001087 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-11/08/96--01109--014
4.3 STREET ADDRESS	*****70.00 *****70.00
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CAROLYN C. PENOLETON, DPS** 10/30/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)