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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthamy

Secretary of State DIVISION OF CORPORATIONS

Street Address (P.

1998 DOCUMENT #

Principal Place of Business

JACKSONVILLE FL 32244

2, Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

22

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24

5291 COLLINS RD LOT 124

P94000080411 (9)

Mailing Address 5291 COLLINS RD

2a. Mailing Address

City & State

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Suite, Apt. #, etc

JACKSONVILLE FL 32244

LOT 124

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation

BEST WALLCOVERING, INC.

Country

9. Name and Address of Current Registered Agent

25

JACK**SO**NVILLE FL 32244

PEACOCK, PAUL

LOT 124

APT-194-

	Secretary of State	
	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified]
	11/02/1994 4. FEI Number Applied For Not Applicable	
	5. Certificate of Status Desired Section Fee Required	
	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
	8. This corporation owes or has paid the current year Intangifile Personal Property Tax due June 30. Yes No '?, Name and Address of New Registered Agent	_
	eacock, Anthony Wx	
dres - 9	(P.O. Box Number is Not Acceptable) 49174	
_	- 85 Zip Code	-
	ration submits this stalement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	}
dioi	n's board of directors. I hereby accept the appointment as registered as $6-21-98$	
uired	vien reinstaling) DATE	
ρε 5 <u></u> <u>J</u> α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition a.cock, Anthony W. 121 291 Collins Rd. 1124 25. Fl. 32244	R2E034 (10/97
1.7	(a)	175

FILED

May 27 1998 8:00am

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. LIDELETE TITLE 1.1 TITLE PEACOCK, PAUL NAME 1.2 NAME **5291 COLLINS RD, LOT 124** 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP CIDELETE TITLE 2.1 TITLE PEACOCK, ANTHONY W 2.2 NAME NAME 5291 COLLINS RD #124 STREET ADDRESS 23 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 THLE PEACOCK, PRISCILLA JANE NAME 3.2 NAME 5291 COLUNS RD #124 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY - ST-7IP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

Country

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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.