

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 1:02

DOCUMENT # 237003 (9)

1. Corporation Name:
LONGS HOME INTERIOR CO

Principal Place of Business	Mailing Address
22400 OLD DIXIE HWY P O BOX 218 GOULDS FL 33170	22400 OLD DIXIE HWY P O BOX 218 GOULDS FL 33170

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/27/1962	3a. Date of Last Report 01/28/1994
4. FEI Number 59-0900711	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BALLARD, MARY ANN
22400 OLD DIXIE HWY
GOULDS FL 33170

10. Name and Address of New Registered Agent

81 Name	MARY ANN BALLARD
82 Street Address (P.O. Box Number is Not Acceptable)	15355 S W 232nd St
83	GOULDS,
84 City	FL
85 Zip Code	33170

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 607.0504, Florida Statutes.

SIGNATURE: *Mary Ann Ballard* DATE: 1-13-95

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BALLARD, ELWYN B
STREET ADDRESS	15355 S W 232 STREET
CITY-ST-ZIP	GOULDS, FL 00000
TITLE	V
NAME	BALLARD, ARTHUR A.
STREET ADDRESS	22150 SW 15TH AVE
CITY-ST-ZIP	GOULDS, FL 00000
TITLE	DP
NAME	BALLARD, MARY ANN
STREET ADDRESS	15355 S W 232 ST
CITY-ST-ZIP	GOULDS, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Mary Ann Ballard* (305) 247-4197