

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **237003** (9)

1. Corporation Name
LONGS HOME INTERIOR CO



Principal Place of Business

22400 OLD DIXIE HWY
P O BOX 218
GOULDS FL 33170

Main Address

22400 OLD DIXIE HWY
P O BOX 218
GOULDS FL 33170

2. Principal Place of Business

2a. Main Address

21. State Apt. #, Et.

26. State Apt. #, Et.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

**BALLARD, MARY ANN
15355 S.W. 23RD ST.
GOULDS FL 33170**

3. Date Incorporated or Qualified
05/27/1962

3a. Date of Last Report
01/19/1995

4. FEI Number
59-0900711

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

10. Name and Address of New Registered Agent

11. I, the undersigned, the president or secretary of the corporation, Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office to the above agent or office in the State of Florida. Said change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.011(3), Florida Statutes.

SEPARATE

12. OFFICERS AND DIRECTORS

12.1	ST	<input type="checkbox"/> OFFICER
12.2	BALLARD, ELWYN B	
12.3	15355 S W 232 STREET	
12.4	GOULDS, FL 00000	
12.5	V	<input type="checkbox"/> OFFICER
12.6	BALLARD, ARTHUR A.	
12.7	22150 SW 15TH AVE	
12.8	GOULDS, FL 00000	
12.9	DP	<input type="checkbox"/> OFFICER
12.10	BALLARD, MARY ANN	
12.11	15355 S W 232 ST	
12.12	GOULDS, FL 00000	
12.13		<input type="checkbox"/> OFFICER
12.14		
12.15		
12.16		
12.17		
12.18		
12.19		
12.20		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1. STREET ADDRESS	
13.3	1. CITY, STATE, ZIP	
13.4	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	2. STREET ADDRESS	
13.6	2. CITY, STATE, ZIP	
13.7	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	3. STREET ADDRESS	
13.9	3. CITY, STATE, ZIP	
13.10	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11	4. STREET ADDRESS	
13.12	4. CITY, STATE, ZIP	
13.13	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	5. STREET ADDRESS	
13.15	5. CITY, STATE, ZIP	
13.16	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	6. STREET ADDRESS	
13.18	6. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied in this filing is voluntary, furnishes, and does not qualify, for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information in this filing is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation for the period of time authorized by this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or 13 of this filing.

SIGNATURE: *Mary Ann Ballard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 1-305-747-4193

CR2E034 (12/95)