

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Jul 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morton**  
 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**  
 Mailing Address: **22400 OLD DIXIE HWY P O BOX 218 GOULDS FL 33170**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

8. Name and Address of Current Registered Agent  
**BALLARD, MARY ANN**  
**15355 S.W. 23RD ST.**  
**GOULDS FL 33170**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 *Mary Ann Ballard*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1	FILE
NAME	BALLARD, ELWYN B	1.2	NAME
STREET ADDRESS	15355 S W 232 STREET	1.3	STREET ADDRESS
CITY-ST-ZIP	GOULDS, FL 00000	1.4	CITY-ST-ZIP
TITLE	V	2.1	FILE
NAME	BALLARD, ARTHUR A.	2.2	NAME
STREET ADDRESS	22150 SW 15TH AVE	2.3	STREET ADDRESS
CITY-ST-ZIP	GOULDS, FL 00000	2.4	CITY-ST-ZIP
TITLE	DP	3.1	FILE
NAME	BALLARD, MARY ANN	3.2	NAME
STREET ADDRESS	15355 S W 232 ST	3.3	STREET ADDRESS
CITY-ST-ZIP	GOULDS, FL 00000	3.4	CITY-ST-ZIP
TITLE		4.1	FILE
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE		5.1	FILE
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/27/1962**  
 3a. Date of Last Report: **01/23/1996**

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

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

14. I do hereby certify that the information supplied with this filing does not qualify for 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.

SIGNATURE *Clarence B. ...*

CR2E034 (4/97)