

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90054 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 237003

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1962

4. FEI Number: 59-0900711

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 the current year Intangible Personal Property Tax: Yes No

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

10. Name and Address of New Registered Agent

81 Name: Aris Ballard

82 Street Address (P.O. Box Number is Not Acceptable): 22150 SW 154 Ave

83 City: Miami

84 State: FL 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, hereby accept the appointment as registered agent, I and I amherewith, and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: *Aris Ballard* DATE: 3/24/99

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BALLARD, ELWYN B	
STREET ADDRESS	412 3RD ST.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BALLARD, ARTHUR A.	
STREET ADDRESS	22150 SW 15TH AVE	
CITY-ST-ZIP	GOULDS, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BALLARD, MARY ANN	
STREET ADDRESS	15355 S W 232 ST	
CITY-ST-ZIP	GOULDS, FL 00000	
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 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 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 as an attachment with an address with all other like empowered.

SIGNATURE: *Aris Ballard* DATE: 1-8-98 DAYTIME PHONE #

CR2E034 (1/198)