FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 306192 (6)

1. Corporation Name

ALL-INTERIOR SUPPLY OF TAMPA BAY, INC.

Principal Place of Business: 5600 D AIRPORT BLVD. TAMPA FL 33634

Mailing Address: 5600 D AIRPORT BLVD. TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5880 JET PORT INDUSTRIAL	2a. Mailing Address: 26 6969 W. 20TH AVE
Suite, Apt. #, etc: 22 BOULEVARD	Suite, Apt. #, etc: 27
City & State: 23 TAMPA FLORIDA	City & State: 28 HIALEAH, FLORIDA
Zip: 24 33643 Country: 25	Zip: 29 33014 Country: 30

3. Date Incorporated or Qualified: 06/17/1966
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1145837 ☐ 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

9. Name and Address of Current Registered Agent

HERNANDEZ, JOHN J.
6969 WEST 20TH AVENUE
HIALEAH FL 33014

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

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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNANDEZ, JOHN J.
STREET ADDRESS	6969 WEST 20TH AVENUE
CITY-ST-ZIP	HIALEAH FL
TITLE	V
NAME	DERBY, JOHN
STREET ADDRESS	6969 W. 20 AVENUE
CITY-ST-ZIP	HIALEAH FL
TITLE	S
NAME	PETRICONE, JULIE
STREET ADDRESS	6969 W 20 AVE
CITY-ST-ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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: X John J. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ______ Date ______ Daytime Phone

0001838 CP