

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **496105 (8)**
1. Corporation Name
DAYTONA VENETIAN BLIND AND DRAPERY COMPANY



Principal Place of Business: **1715 RIDGEWOOD AVE. HOLLY HILL FL 32117**
Mailing Address: **1715 RIDGEWOOD AVE. HOLLY HILL FL 32117**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 **365 GUM BRANCH ROAD**
27 Suite, Apt. #, etc.
28 **HARTWELL GA**
29 **30643** 30

3. Date Incorporated or Qualified: **02/06/1976**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **59-1640184**
5. Certificate of Status Deemed: \$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
**HICKEY, WILBURN W.
1715 RIDGEWOOD AVE.
HOLLY HILL FL 32117**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 _____
Signature typed or printed name of signatory (other than agent) _____ DATE (typed or printed name of agent) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, WILBURN W.	12 NAME	
STREET ADDRESS	1715 RIDGEWOOD AVE	13 STREET ADDRESS	365 GUM BRANCH ROAD
CITY-ST-ZIP	HOLLY HILLS FL	14 CITY-ST-ZIP	HARTWELL, GA. 30643
TITLE	ST	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, ROXANA D.	22 NAME	
STREET ADDRESS	1715 RIDGEWOOD AVE	23 STREET ADDRESS	365 GUM BRANCH ROAD
CITY-ST-ZIP	HOLLY HILL FL	24 CITY-ST-ZIP	HARTWELL, GA. 30643
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, ROXANA D.	32 NAME	
STREET ADDRESS	1715 RIDGEWOOD AVE	33 STREET ADDRESS	365 GUM BRANCH ROAD
CITY-ST-ZIP	HOLLY HILL FL	34 CITY-ST-ZIP	HARTWELL, GA. 30643
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is complete and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 trustee or power of attorney holder, or 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95

CR2E034 (12/95)