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14491
200.00
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208.75

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 505748

(4)

1. Corporation Name

INTERIOR DESIGN SERVICES, INC.

Principal Place of Business

11200 NINTH ST N #100
ST PETERSBURG FL 33716

Mailing Address

11200 NINTH ST N #100
ST PETERSBURG FL 33716



3. Date Incorporated or Qualified
06/16/1976

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEL Number

59-1676045

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X

Yes

□

No

10. Name and Address of New Registered Agent

WHEATCRAFT, LYNDA

11200 NINTH ST. NO

ST PETERSBURG FL 33716

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not stated)

(DATE)

12. OFFICERS AND DIRECTORS

1. TITLE

P

□ DELETE

NAME

EDDY, SCOTT T.

STREET ADDRESS

11200 NINTH ST. NO

CITY-STATE-ZIP

ST PETERSBURG FL 33716

1. TITLE

CD

□ DELETE

NAME

FOSTER, FRANK T., JR.

STREET ADDRESS

1801 W END AVE

CITY-STATE-ZIP

NASHVILLE TN 37203

1. TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Sec / Treas

□ Change

X Addition

2. NAME

Lynnda M. Wheatcraft

3. STREET ADDRESS

11200 Ninth St. No 1 Ste 100

4. CITY-STATE-ZIP

St. Petersburg, FL 33716

2. TITLE

Director

□ Change

X Addition

2. NAME

Sudy Foster

3. STREET ADDRESS

1801 West End Ave

4. CITY-STATE-ZIP

Nashville, TN 37203

3. TITLE

Director

□ Change

X Addition

3. NAME

Bob Martin

4. STREET ADDRESS

570 Fifth Ave 3rd Floor

5. CITY-STATE-ZIP

New York, N.Y. 10036

4. TITLE

□ Change

□ Addition

4. NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5. TITLE

□ Change

□ Addition

5. NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6. TITLE

□ Change

□ Addition

6. NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Lynnda M. Wheatcraft

Lynnda M. Wheatcraft

3/27/96

813-576-7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date District Phone

CR2E034 (12/95)