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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33716-2349



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/16/1976

3a. Date of Last Report
04/08/1996

4. FEI Number
59-1676045

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------------|--------|
| TITLE | P | DELETE |
| NAME | MCCORMACK, JOHN | |
| STREET ADDRESS | 11200 NINTH ST N #100 | |
| CITY - ST - ZIP | ST PETERSBURG FL 33716 | |
| TITLE | CD | DELETE |
| NAME | FOSTER, FRANK T., JR. | |
| STREET ADDRESS | 1801 W END AVE | |
| CITY - ST - ZIP | NASHVILLE TN | |
| TITLE | ST | DELETE |
| NAME | WHEATCRAFT, LYNDON M. | |
| STREET ADDRESS | 11200 9TH ST NORTH 1, STE 100 | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | D | DELETE |
| NAME | FOSTER, JUDY | |
| STREET ADDRESS | 1801 WEST END AVE | |
| CITY - ST - ZIP | NASHVILLE TN 37203 | |
| TITLE | D | DELETE |
| NAME | MARTIN, BOB | |
| STREET ADDRESS | 510 5TH AVE, 3RD FLOOR | |
| CITY - ST - ZIP | NEW YORK NY 10036 | |
| TITLE | V | DELETE |
| NAME | YOUNG, CARL H III | |
| STREET ADDRESS | 11200 NINTH ST N #100 | |
| CITY - ST - ZIP | ST PETERSBURG FL 33716 | |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | C, D, P |
| 2.3 STREET ADDRESS | FRANK T. Foster Jr. |
| 2.4 CITY - ST - ZIP | 5410 Maryland Way Ste 300 |
| | Brentwood, TN 37027 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Lynda M. Wheatcraft |
| 3.3 STREET ADDRESS | 11200 Ninth St. No. Ste 100 |
| 3.4 CITY - ST - ZIP | St. Petersburg, FL 33716 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | D |
| 4.3 STREET ADDRESS | Foster, Judy |
| 4.4 CITY - ST - ZIP | 5410 Maryland Way Ste 300 |
| | Brentwood, TN. 37027 |
| 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 do 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 or changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

813-576-7055

CR2E034 (9/96)