## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 505748 (4) INTERIOR DESIGN SERVICES, INC. Principal Place of Business Mailing Address 11200 NINTH ST N #100 11200 NINTH ST N #100 ST PETERSBURG FL 33716 ST PETERSBURG FL 33716 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1976 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1676045 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WHEATCRAFT, LYNDA 11200 NINTH ST. NO 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33716 83 84 City 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 it applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE CDP Change TITLE 1.1 TITLE FOSTER, FRANK T., JR. NAME 1.2 NAME 5410 MARY LAND WAY, 300 STREET ADDRESS 1.3 STREET ADDRESS **BRENTWOOD TN** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 21 TITLE TIFLE WHEATCRAFT, LYNDA M 22 NAME NAME 11200 9TH ST NORTH 1, STE 100 STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3 1 TITLE NAME FOSTER, JUDY 32 NAME 5410 MARY LAND WAY, 300 STREET ADDRESS 3.3 STREET ADDRESS BRENTWOOD TN CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE MARTIN, BOB 4. 2 NAME 510 5TH AVE, 3RD FLOOR STREET ADDRESS 4.3 STREET ADDRESS NEW YORK NY 10036 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE YOUNG, CARL H III 52 NAME NAME 11200 NINTH ST N #100 STREET ADDRESS 5.3 STREET ADDRESS ST PETERSBURG FL 33716 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 supplied entry is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 one an attachment with an address.

**FILED**