

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 574973 (4)

1. Corporation Name

THE INTERIOR DESIGN CENTRE, INC.



Principal Place of Business

Mailing Address

6970 STANDING PINE LANE  
SUITE 102-A  
TALLAHASSEE FL 32312  
US

6970 STANDING PINE LANE  
SUITE 102A  
TALLAHASSEE FL 32312  
US

3. Date Incorporated or Qualified

06/07/1978

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 6970 Standing Pine Lane  
Suite, Apt. #, etc.

26 6970 Standing Pine Lane  
Suite, Apt. #, etc.

4. FEI Number

59-1875803

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

22 City & State

27 City & State

23 Tallahassee, FL  
Zip

28 Tallahassee, FL  
Zip

24 32312

Country  
25 US

29 32312

Country  
30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, JOHN D.  
1709-D MAHAN DRIVE  
TALLAHASSEE FL 32308

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD  
CARLSON, PEGGY N  
STREET ADDRESS  
6970 STANDING PINES LANE  
CITY-ST-ZIP  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STD  
DEISON, GLORIA  
STREET ADDRESS  
3725 BOBBIN MILL RD  
CITY-ST-ZIP  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

Peggy N. Carlson  
1-22-96 904-894-1721

CR2E034 (12/95)