

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR -9 AM 8:55

DOCUMENT # 636574 (6)

1. Corporation Name

CLIFFORD STILES MCALPIN INTERIORS, INC.

Principal Place of Business

**900 E. MORENO STREET
PENSACOLA FL 32503
US**

Mailing Address

**900 E. MORENO STREET
PENSACOLA FL 32503
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/18/1979

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1943547

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

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

10. Name and Address of New Registered Agent

**MCALPIN, CLIFFORD STILES
900 EAST MORENO STREET
PENSACOLA FL 32504**

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Clifford Stiles McAlpin, President-Registered

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

(NOTE: Registered Agent is Agent when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

MCALPIN, CLIFFORD STILES

STREET ADDRESS

900 E. MORENO STREET

CITY-ST-ZIP

PENSACOLA FL

TITLE

D

NAME

MCALPIN, FRED C., JR.

STREET ADDRESS

1704 OSCEOLA BLVD

CITY-ST-ZIP

PENSACOLA FL

TITLE

D

NAME

MCALPIN, ANNE S.

STREET ADDRESS

1704 OSCEOLA BLVD

CITY-ST-ZIP

PENSACOLA FL

TITLE

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

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 110.07(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 13 or 14 of changes or in an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

ENTIRE FEE \$