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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F16041** **(8)**

1. Corporation Name
ALICE FOWLER INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
1704 S. MACDILL AVE. TAMPA FL 33629 US	P.O. BOX 274126 TAMPA FL 33688-4126 US

3. Date Incorporated or Qualified: 01/26/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21: 14919 NORTHWOOD VILLAGE LANE
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: TAMPA FLORIDA
City & State — 28:
Zip — 24: 33613-1521
Country — 25: USA
Zip — 29:
Country — 30:

4. FEI Number: 59-2068631 ☐ 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

9. Name and Address of Current Registered Agent

FOWLER, ALICE KOZLOWSKI
1704 S. MACDILL AVE.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 14919 NORTHWOOD VILLAGE LANE
83:
84 City: TAMPA FL 85 Zip Code: 33613-1521

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	FOWLER, ALICE K.		1.2 NAME		
STREET ADDRESS	1704 S. MACDILL AVE.		1.3 STREET ADDRESS	14919 NORTHWOOD VILLAGE LANE	
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP	TAMPA FL 33613-1521	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FOWLER, JOSEPH C.		2.2 NAME		
STREET ADDRESS	1704 S. MACDILL AVE.		2.3 STREET ADDRESS	1498 NORTHWOOD VILLAGE LANE	
CITY-ST-ZIP	TAMPA FL 33629		2.4 CITY-ST-ZIP	TAMPA FL 33613-1521	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Joseph C. Fowler 4/9/97 (813) 969-0795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360073