

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAR -8 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # F50642 (0)**

1. Corporation Name

COMMERCIAL INTERIORS OF JACKSONVILLE, INC.

Principal Place of Business

**4501 IRVINGTON AVENUE
JACKSONVILLE FL 32210**

Mailing Address

**4501 IRVINGTON AVENUE
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1981

3a. Date of Last Report

03/04/1994

4. FEI Number

59-2153732

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

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

**SHIRLEY, JAMES E
4501 IRVINGTON AVE
JACKSONVILLE FL 32233**

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 to both 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 agree to, the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, title of person acting as registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDA
NAME	SHIRLEY, JAMES E
STREET ADDRESS	4501 IRVINGTON AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	BROWN, SUSAN KOEHLER
STREET ADDRESS	4511 BIRKENHEAD RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	ST
NAME	SHIRLEY, LINDA
STREET ADDRESS	4501 IRVINGTON AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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 included 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, as applicable, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E Shirley**3-2-95****904-****388-6625**