

FILED

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

95 MAY - 1 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000798 (9)

FEE PAID IN FULL

CAROLINA INTERIORS, INC.

| | | | |
|--|---|----|----|
| 1. Name and Address of Business 226 STORMY CREEK LANE BLYTHEWOOD SC 29016 | 2a. Mailing Address P.O. BOX 355 LUGOFF SC 29078 US | | |
| 2. Primary Place of Business 21 111 Standard Whse. Rd <small>Code: Appt # 100</small> | 2a. Mailing Address 26 <small>Code: Appt # 100</small> | | |
| 22 | 27 | | |
| 23 LUGOFF SC | 28 | | |
| 24 29078 | 25 Kershaw | 29 | 30 |

(DO NOT WRITE IN THIS SPACE)

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|--|
| 03/17/1993 | 04/20/1994 |
| 4. FE Number 57-0934180 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contributors <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation is not liable for uncollected tax under S. 1991(D)(2) Digital Signature <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| COASTAL INTERIORS OF PONTE VEDRA, INC. 622 SOUTH 3RD ST. JACKSONVILLE BEACH FL | 81 Name 82 Street Address, City, Tax Number, Mail Acceptor 83 84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 601.07, 600.07 and 601.1508, Florida Statutes, the above named corporation submits the 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 responsibilities of Section 601.1508, Florida Statutes.

SIGNATURE

| 12. OFFICER, MEMBER, OR DIRECTOR | 13. ADDITION/CHANGE TO OFFICERS AND DIRECTORS IN 12 |
|---|--|
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.1 NAME 13.2 TITLE 13.3 PHONE NUMBER 13.4 FAX NUMBER 13.5 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.6 NAME 13.7 TITLE 13.8 PHONE NUMBER 13.9 FAX NUMBER 13.10 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.11 NAME 13.12 TITLE 13.13 PHONE NUMBER 13.14 FAX NUMBER 13.15 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.16 NAME 13.17 TITLE 13.18 PHONE NUMBER 13.19 FAX NUMBER 13.20 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.21 NAME 13.22 TITLE 13.23 PHONE NUMBER 13.24 FAX NUMBER 13.25 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.26 NAME 13.27 TITLE 13.28 PHONE NUMBER 13.29 FAX NUMBER 13.30 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.31 NAME 13.32 TITLE 13.33 PHONE NUMBER 13.34 FAX NUMBER 13.35 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.36 NAME 13.37 TITLE 13.38 PHONE NUMBER 13.39 FAX NUMBER 13.40 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.41 NAME 13.42 TITLE 13.43 PHONE NUMBER 13.44 FAX NUMBER 13.45 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.46 NAME 13.47 TITLE 13.48 PHONE NUMBER 13.49 FAX NUMBER 13.50 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.51 NAME 13.52 TITLE 13.53 PHONE NUMBER 13.54 FAX NUMBER 13.55 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.56 NAME 13.57 TITLE 13.58 PHONE NUMBER 13.59 FAX NUMBER 13.60 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.61 NAME 13.62 TITLE 13.63 PHONE NUMBER 13.64 FAX NUMBER 13.65 Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME TITLE PHONE NUMBER FAX NUMBER | 13.66 NAME 13.67 TITLE 13.68 PHONE NUMBER 13.69 FAX NUMBER 13.70 Change <input type="checkbox"/> Addition <input type="checkbox"/> |

14. I, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(4), Florida Statutes. Further, I certify that the individual(s) indicated on this annual report or supplemental annual report is/are the sole owner(s) and trustee(s) 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 trustee of the entity incorporated to execute the report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or new or all forms with an asterisk.

SIGNATURE: Anne C. Carroll, Inc.
SIGNATURE AND PRINTED NAME OF BUSINESS OWNER OR DIRECTOR
ANNE C. CARROLL

4/30/95 (404) 594-8091