

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1-2

DOCUMENT # F94006000271

1. Corporation Name

Larson-Juhl Inc.

Principal Place of Business

Mailing Address

3900 Steve Reynolds Blvd.
Norcross, GA 30093

(same)

3. Date Incorporated or Qualified

1/20/94

3a. Date of Last Report

1/19/95

4. FEI Number

39-1389732

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

Prentice Hall Corporation System, Inc.
110 N. Magnolia St.
Tallahassee, FL 32301

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)

(If the registered agent signature is required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PDC

☐ DELETE

NAME

Ponzio, Craig A.

STREET ADDRESS

3900 Steve Reynolds Blvd.

CITY- ST- ZIP

Norcross, GA 30093

TITLE

V/S (Asst)

☐ DELETE

NAME

Trimarco, William P.

STREET ADDRESS

3900 Steve Reynolds Blvd.

CITY- ST- ZIP

Norcross, GA 30093

TITLE

V/T/S (Asst)

☐ DELETE

NAME

Schepmann, Stephen M.

STREET ADDRESS

3900 Steve Reynolds Blvd.

CITY- ST- ZIP

Norcross, GA 30093

TITLE

V

☐ DELETE

NAME

Cronin, Patrick R.

STREET ADDRESS

3900 Steve Reynolds Blvd.

CITY- ST- ZIP

Norcross, GA 30093

TITLE

V

☐ DELETE

NAME

McKenzie, Stephen E.

STREET ADDRESS

3900 Steve Reynolds Blvd.

CITY- ST- ZIP

Norcross, GA 30093

TITLE

S

☐ DELETE

NAME

Ponzio, June R.

STREET ADDRESS

3900 Steve Reynolds Blvd.

CITY- ST- ZIP

Norcross, GA 30093

TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96

(770) 279-5200

CR2E034 (12/95)

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PAGE TWO
SEE BLOCK 12

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Mailing Address

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3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFL Number

39-1389732

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

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30

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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

TITLE V ☒ DELETE
NAME Krug, Nancy T.
STREET ADDRESS 3900 Steve Reynolds Blvd.
CITY-ST-ZIP Norcross, GA 30093

TITLE S (Asst) ☐ DELETE
NAME Moise, Philip
STREET ADDRESS 3900 Steve Reynolds Blvd.
CITY-ST-ZIP Norcross, GA 30093

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone