## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500004042 (6)

GARDNER WALLCOVERING, INC.

Principal Place of Business

% JOHN LINDSAY ADAMS. ESQ. 3300 CANTON PIKE HOPKINSVILLE KY 42240-9284

2. Principal Place of Business

Suite, Apt #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

% JOHN LINDSAY ADAMS, ESQ. 3300 CANTON PIKE

HOPKINSVILLE KY 42240-9284

## **FILED** Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

Applied For

\$8.75 Additional

Not Applicable

08/22/1995

61-1269667

4. FEI Number

22		27				3.	Certificate of Status Desired	<del> </del> -1	Fee R	equired
City & State	9	City & State	City & State			6.	Election Campaign Financing	1	\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	untry		8.	This corporation owes or has p	aid the cu	rrent year in	tangible
24	25	29	30				Personal Property Tax due Jun	e 30.	🗌 Yes 🕽	<b>K</b> No
Name and Address of Current Registered Agent						10.	Name and Address of New R	egistered	Agent	
KEESE, JERRY					Name			,		
7801 BROOMES ROAD				82	Street Addre	ess (F	O. Box Number is Not Accepta	ble)		<del></del>
CENTURY FL 32535									-	1 -1
				83				r		
				84	City			_1.	<b>85</b> Zip	Code
				104	City			FL	■   65 Zip	Code
	to the provisions of Sections 607.050									
office or re agent, I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such chang ations of, Section 607.0	re was authorize 505. Florida Sta	ed by tutes.	the corporati	เอกร	poard of directors, I hereby acce	ept, the ap	pointment as	registered
SIGNATURE								î		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE, Register	d Ager	nt signature require	ed when	reinstating)	DATE		
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	RS IN 12
TITLE	PS	L DEL	ETE 11T	ITLE				'	Change	Addition
NAME	GARDNER, DAVID MARTIN		1.2 8	AME						
STREET ADDRESS	3300 CANTON PIKE		1,3 9	TREET /	ADDRESS					
CITY-ST-ZIP	HOPKINSVILLE KY 42240		1,4 0	ITY-ST	ZIP					
TITLE	-VI	☐ DEL	ETE 2.1 T	TTLE			•		Change	☐ Addition
NAME	GARDNER, MARK		2.2 M	AME	J					
STREET ADDRESS	3300 CANTON PIKE		2.3 9	TREET A	ADDRESS					
CITY - ST - ZIP	HOPKINSVILLE KY 42240		2. 4	::TY - \$1	T-ZIP					
TITLE		☐ DEL	ETE 3.1 T	TLE					☐ Change	☐ Addition
NAME			3.2 N	AME						
STREET ADDRESS			3.3 \$	TREET A	Adoress					
CITY - ST - ZIP				HTY-S1	T- ZIP					
TITLE		[_] D€L	ETE 4.1 T	TLE				- 1	☐ Change	Addition
NAME			4. 2	IAME						
STREET ADDRESS			4.3 S	TREET A	ADDRESS					
CITY-ST-ZIP			4,4 0	ITY-ST	- ZIP					
TITLE		DEL	ETE 5.1 T	TLE				1	Change	Addition
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREET A	ADDRESS					
CITY-ST-ZIP			5.4 0	MY-ST	- ZIP					
TITLE		☐ DEL	ETE 6.1 T	TLE					Change	Addition
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET A	NODRESS					ĺ
CITY-ST-ZIP			6.4 0	TY-ST	- ZiP					
14 I hereby c	ertify that the information supplied wi	th this filing does not a	ualify for the ex	itams	ion stated in S	Sectio	n 119.07(3)(i), Florida Statutes.	further co	ertify 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.

迅激是BEQUIRED

1/6/98 502-885-7324