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Jan 20, 1999 8:00am  
Secretary of State

01-20-1999 90002 046 \*\*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # G02694

1. Corporation Name  
C & J DECORATING, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1982

4. FEI Number

59-2227197

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Addition  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

Principal Place of Business

% CHARLES E. MARKLEY  
640 CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32301

Mailing Address

% CHARLES E. MARKLEY  
640 CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32301

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

MARKLEY, CHARLES E  
640 CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [ ] DELETE

NAME MARKLEY, CHARLES E  
STREET ADDRESS 640 CAPITAL CIRCLE NE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE T [ ] DELETE

NAME KAHL, DONALD F  
STREET ADDRESS 640 CAPITAL CIRCLE NE  
CITY-ST-ZIP TALLAHASSEE FL

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

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 January 1999

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