

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G06969 (1)

1. Corporation Name

CAPITAL CITY GARDEN INTERIORS, INC.

Principal Place of Business

PO BOX 347
TALLAHASSEE FL 32302

Mailing Address

PO BOX 347
TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/02/1982

3a. Date of Last Report
04/20/1994

4. FEI Number
59-2250029

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

21 2461 Eddie Rd. 32308

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 TALLA FL

City & State

28 TALLA FL

Zip

24 32308

Country

25 LEON

Zip

29 32308

Country

30 LEON

9. Name and Address of Current Registered Agent

BRANCH, WILLIAM H
1407 PIEDMONT DR EAST
TALLAHASSEE FL 32317

10. Name and Address of New Registered Agent

81 Name John A. Rudolph, JR.

82 Street Address (P.O. Box Number is Not Acceptable)
211 E. Call Street

83

84 City Tallahassee

FL

85 Zip Code
32302

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

John A. Rudolph, Jr.

John A. Rudolph, Jr.

3-9-95

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SQUIRE, JANICE
STREET ADDRESS 1505 KOLOPAKIN NENE
CITY-ST-ZIP TALLAHASSEE FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Janice Squire

JANICE SQUIRE

3/16/95

9043852706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #