

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G44795** (4)  
1. Corporation Name  
**WADSWORTH & OWENS DECORATING CENTER, INC.**



Principal Place of Business  
**708 N DIXIE HWY  
NEW SMYRNA BCH FL 32168-6405  
US**

Mailing Address  
**708 N DIXIE HWY  
NEW SMYRNA BCH FL 32168-6412  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/23/1983</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Sulte, Apt. #, etc.		26 Sulte, Apt. #, etc.		4. FEI Number <b>59-2380737</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WADSWORTH, DAVID B.  
708 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADSWORTH, DAVID B.			1.2 NAME			
STREET ADDRESS	2378 OLD SAMSULA RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LORENZ, KATHLEEN W.			2.2 NAME			
STREET ADDRESS	2388 OLD SAMSULA			2.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			2.4 CITY-ST-ZIP			
TITLE	DAVP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADSWORTH, ARCHIE T.			3.2 NAME			
STREET ADDRESS	2384 OLD SAMSULA ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH FL			3.4 CITY-ST-ZIP			
TITLE	AST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADSWORTH, AMY B.			4.2 NAME			
STREET ADDRESS	2378 OLD SAMSULA ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH FL			4.4 CITY-ST-ZIP			
TITLE	AVD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADSWORTH, SHIRLEY			5.2 NAME			
STREET ADDRESS	2384 OLD SAMSULA			5.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Cheryl Wadsworth* *Asst Secy/Treas* 4/28/97 904 428-3218

CR2E034 (9/96)