FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G81213** **(2)**

1. Corporation Name

THE CONTRACT INTERIORS GROUP OF NORTHWEST FLORID A, INC.

Principal Place of Business	Mailing Address
111 FERRY ROAD. S.E. FORT WALTON BEACH FL 32548-2535	111 FERRY ROAD. S.E. FORT WALTON BEACH FL 32548-2535

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/26/1984

3a. Date of Last Report: 02/07/1995

4. FEI Number: 59-2346512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X **$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 X No

9. Name and Address of Current Registered Agent

KENDRICK, C. J.,III
111 FERRY ROAD S.E.
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: SUZANNE A. WOOLDRIDGE
82 Street Address (P.O. Box Number is Not Acceptable):
83 111 FERRY ROAD S.E.
84 City: FORT WALTON BEACH FL 85 Zip Code: 32548

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: Suzanne Wooldridge SUZANNE Wooldridge 4-5-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: For a Florida Agent, signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	X DELETE
NAME	KENDRICK, C.J., III	
STREET ADDRESS	61 YACHT CLUB DR.,APT #2	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	DS	☐ DELETE
NAME	DAVID, DON W JR	
STREET ADDRESS	3803 INDIAN TRAIL	
CITY-ST-ZIP	DESTIN FL	
TITLE	DT	☐ DELETE
NAME	ESPY, MARGARET S.	
STREET ADDRESS	225 MORIARITY AVE.	
CITY-ST-ZIP	FT. WALTON FL	
TITLE	DV	☐ DELETE
NAME	DOWLING, JAMES R.	
STREET ADDRESS	228 SANTA ROSA ST. SW	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	P	X DELETE
NAME	WRIGHT, J DENISE	
STREET ADDRESS	237 HIGHWAY AVE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change X Addition
1.2 NAME	SUZANNE A. WOOLDRIDGE	
1.3 STREET ADDRESS	5275 DURANGO PLACE	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
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		

CR2E034 (12/95)

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: Suzanne Wooldridge SUZANNE Woodridge 4-5-96 (904)243-8815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #