

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H46605

(2)

1. Corporation Name

JULIANNE'S INTERIORS, INC.

Principal Place of Business

C/O DON A. MADDEN, SR.  
229 MOONEY ROAD  
FT. WALTON BEACH FL 32547-1322

Mailing Address

C/O DON A. MADDEN, SR.  
229 MOONEY ROAD  
FT. WALTON BEACH FL 32547-1322

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/12/1985

3a. Date of Last Report

12/18/1995

4. FEI Number

59-2715416

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

10. Name and Address of New Registered Agent

MADDEN, DON A. SR.  
229 MOONEY ROAD  
FT. WALTON BEACH FL 32548

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 then signatory

(If the Registered Agent's signature requires a seal, attach it)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	MADDEN, DON A. JR.	311 YACHT CLUB DRIVE	FT. WALTON BCH FL	
C	MADDEN, DON A. SR.	229 MOONEY RD	FT. WALTON BCH FL	
V	MADDEN, JOHN	37 COUNTRY CLUB ROAD	SHALIMAR FL	
V	MADDEN, ROBERT	62 N ST	MARY ESTHER FL	
ST	MADDEN, JULIA A.	229 MOONEY RD.	FT. WALTON BCH. FL	
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY - ST - ZIP				
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY - ST - ZIP				
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY - ST - ZIP				
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY - ST - ZIP				
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY - ST - ZIP				
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)