

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

FILED  
May 06 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>• 1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT #

1. Corporation Name

KELLEY YARBROUGH INTERIORS, INC.

Principal Place of Business

Mailing Address

47 CORDOVA ST.

47 CORDOVA ST.

ST. AUGUSTINE, FL

ST. AUGUSTINE, FL

32084

32084

|                                |                     |   |   |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 21                             | 26                  | 4. FEI Number   | 1996  |
| State, Apt. #, etc.            | Suite, Apt. #, etc. | 59-2254802  | Applied For   |
| 22                             | 27                  | 5. Certificate of Status Desired  | Not Applicable  |
| City & State                   | City & State        | <input type="checkbox"/> \$8.75 Additional Fee Required                                 |   |
| 23                             | 28                  | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| Zip                            | Zip                 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 24                             | 25                  | 29  | 30  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|   |                  |
|---|------------------|
| 81 Name   | 85 Zip Code      |
| KELLEY YARBROUGH                                      | 32084            |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                  |
| 47 CORDOVA ST.  |                  |
| 83  |                  |
| 84 City   | ST. AUGUSTINE FL |

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: KELLEY YARBROUGH  
Date: 4/29/97

|                            |   |
|----------------------------|---|
| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 1.1 TITLE                  | 1.1 TITLE   |
| NAME                       | NAME  |
| STREET ADDRESS             | STREET ADDRESS  |
| CITY-STATE-ZIP             | CITY-STATE-ZIP  |
| 2.1 TITLE                  | 2.1 TITLE   |
| NAME                       | NAME  |
| STREET ADDRESS             | STREET ADDRESS  |
| CITY-STATE-ZIP             | CITY-STATE-ZIP  |
| 3.1 TITLE                  | 3.1 TITLE   |
| NAME                       | NAME  |
| STREET ADDRESS             | STREET ADDRESS  |
| CITY-STATE-ZIP             | CITY-STATE-ZIP  |
| 4.1 TITLE                  | 4.1 TITLE   |
| NAME                       | NAME  |
| STREET ADDRESS             | STREET ADDRESS  |
| CITY-STATE-ZIP             | CITY-STATE-ZIP  |
| 5.1 TITLE                  | 5.1 TITLE   |
| NAME                       | NAME  |
| STREET ADDRESS             | STREET ADDRESS  |
| CITY-STATE-ZIP             | CITY-STATE-ZIP  |
| 6.1 TITLE                  | 6.1 TITLE   |
| NAME                       | NAME  |
| STREET ADDRESS             | STREET ADDRESS  |
| CITY-STATE-ZIP             | CITY-STATE-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: EDNA KELLEY YARBROUGH  
Date: 4/29/97  
Daytime Phone: 904-824-5687

CR2E034 (9/96)