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 # **J29749** **(5)**

1. Corporation Name

BLACK'S OFFICE INTERIORS, INC.

Principal Place of Business	Mailing Address
123 PALAFOX PLACE P.O. BOX 13066 PENSACOLA FL 32591	123 PALAFOX PLACE P.O. BOX 13066 PENSACOLA FL 32591

3. Date Incorporated or Qualified: **08/19/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: **427 W GARDEN ST**
22: Suite, Apt. #, etc.
23: City & State: **PENSACOLA, FL 32501**
24: Zip
25: Country

2a. Mailing Address
26: **427 W GARDEN ST**
27: Suite, Apt. #, etc.: **P O BOX 13066**
28: City & State: **PENSACOLA, FL 32591**
29: Zip
30: Country

4. FEI Number: **59-2704066** ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, O. E., SR.
2020 N PALAFOX ST
PO DRAWER 12217
PENSACOLA FL 32581

10. Name and Address of New Registered Agent

81 Name: **ROBERT B BLACK**
82 Street Address (P.O. Box Number is Not Acceptable): **427 W GARDEN ST**
83
84 City: **PENSACOLA** **FL** 85 Zip Code: **32501**

11. Pursuant to the provisions of Section 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: X [signature] DATE: 6-17-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, ROBERT B.		1.2 NAME	
STREET ADDRESS	123 S. PALAFOX		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, MARVALEE A.		2.2 NAME	
STREET ADDRESS	123 S. PALAFOX		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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, added or an attachment with an address.

SIGNATURE: [signature] 6-17-96 904-432-4933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)