

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 # **L01505** (1)

1. Corporation Name

BUDGET OFFICE INTERIORS, INC.



Principal Place of Business

**3030 POWERS AVE.
JACKSONVILLE FL 32207**

Mailing Address

**3030 POWERS AVE.
JACKSONVILLE FL 32207**

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

**KENNEDY, ALISON D.
225 WATER STREET, SUITE 900
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

07/10/1989

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2963959

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 for this corporation

(NOTE: Registered Agent signature required when corporation is changing registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LINKENAUER, JAMES E.**
STREET ADDRESS **3030 POWERS AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE
NAME **HALL, LEO F.**
STREET ADDRESS **10117 CROSS GREEN WAY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ DELETE
NAME **HELLBACH, JOHN R**
STREET ADDRESS **9834 PADDLEWHEEL DR., W**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE
NAME **LAWSON, DIONNE YELVERT**
STREET ADDRESS **3534 SMITHFIELD ST., #1808**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **10176 Deerwood Club Road**
14 CITY-ST-ZIP **Jacksonville, FL 32256**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **5000 San Jose Blvd., Apt #47**
34 CITY-ST-ZIP **Jacksonville, FL 32207**

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS **Yelverton, Dionne E.**
44 CITY-ST-ZIP **8433 Southside Blvd, Apt #2605**
Jacksonville, FL 32256

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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:

James E. Linkenauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

904 733-0182
Listed Phone #

CR2E034 (12/95)