

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 7:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P24925 (0)

1. Corporation Name

HOME ACCENTS, INC.

Principal Place of Business

**4335 WEST FAIRFIELD DRIVE
PENSACOLA FL 32505**

Mailing Address

**PO BOX 1728
PELHAM AL 36124
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/26/1989

3a. Date of Last Report

03/16/1994

4. FEI Number

62-1396283

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	PEARSON, J.H.
STREET ADDRESS	3504 BROOKFIELD RD
CITY - ST - ZIP	BIRMINGHAM AL
TITLE	STD
NAME	LAWSON, WILLIAM H., JR.
STREET ADDRESS	245 WAGNER PL, #280
CITY - ST - ZIP	MEMPHIS TN
TITLE	V
NAME	NEWELL, WILSON
STREET ADDRESS	4286 BROOKSIDE DR
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. 1 TITLE	☐ Change ☐ Addition
1. 2 NAME	
1. 3 STREET ADDRESS	
1. 4 CITY - ST - ZIP	
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	

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 110.07(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:

J. H. Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 *205-664-0000*
Date Telephone Number