

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000009796 (2)

1. Corporation Name

DECOR SOURCE, INC.



Principal Place of Business

Mailing Address

1991 CORPORATE SQ DR  
STE 167  
LONGWOOD FL 32750  
US

P.O. BOX 952643  
LAKE MARY FL 32795-2643  
US

Address Change

3. Date Incorporated or Qualified

02/03/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 109 Alden Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Sanford, FL

28 City & State

Sanford, FL

24 Zip

32711

25 Country

US

29 Zip

32711

30 Country

US

4. FEI Number

69-3173202

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

9. Name and Address of Current Registered Agent

BOYCE-TAYLOR, JEANNE  
245 S. HWY. 427  
LONGWOOD FL 32750

Address Change

10. Name and Address of New Registered Agent

81 Name

Boyce-Taylor, Jeanne

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

109 Alden Dr.

83

84 City

Sanford

FL

85 Zip Code

32711

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: Jeanne Boyce-Taylor

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME

PD

BOYCE-TAYLOR, JEANNE

☒ DELETE

STREET ADDRESS

1991 CORPORATE SQUARE DRIVE #167

Address Change

CITY - ST - ZIP

LONGWOOD FL

TITLE

NAME

D

GARRISON, BARBARA L

☒ DELETE

STREET ADDRESS

245 SO C R 427

CITY - ST - ZIP

LONGWOOD FL

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☒ Change

☐ Addition

Boyce-Taylor, Jeanne

109 Alden Dr.

Sanford, FL

32711

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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 199.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Boyce-Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (3/96)