

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000043404 (1)

1. Corporation Name
INTERIOR MOTIVES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
1101 BALD EAGLE DR.
MARCO ISLAND FL 33937

Mailing Address
1101 BALD EAGLE DR.
MARCO ISLAND FL 33937

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SEP 14 PM 12:11

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		06/14/1993		07/26/1994	
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FIC Number		Applied For	
23 City & State		28 City & State		65-0423138		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Due		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes		X Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORRIS, WILLIAM G 247 N. COLLIER BLVD. #202 MARCO ISLAND FL 33937				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 607.1503, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 NAME	D HARTNETT, PEGILEE	11 NAME	☐ Change ☐ Addition
102 STREET ADDRESS	1051 AMBER DR.	12 NAME	PEGILEE HARTNETT MORRIS
103 CITY, ST, ZIP	MARCO ISLAND FL 33937	13 STREET ADDRESS	
104 NAME	D CHANDLER, NATALIE D	14 CITY, ST, ZIP	
105 STREET ADDRESS	1230 LUDLAM CT.	15 NAME	☐ Change ☐ Addition
106 CITY, ST, ZIP	MARCO ISLAND FL 33937	16 STREET ADDRESS	
107 NAME		17 CITY, ST, ZIP	
108 STREET ADDRESS		18 NAME	☐ Change ☐ Addition
109 CITY, ST, ZIP		19 STREET ADDRESS	
110 NAME		20 CITY, ST, ZIP	
111 STREET ADDRESS		21 NAME	☐ Change ☐ Addition
112 CITY, ST, ZIP		22 STREET ADDRESS	
113 NAME		23 CITY, ST, ZIP	
114 STREET ADDRESS		24 NAME	☐ Change ☐ Addition
115 CITY, ST, ZIP		25 STREET ADDRESS	
116 NAME		26 CITY, ST, ZIP	
117 STREET ADDRESS		27 NAME	☐ Change ☐ Addition
118 CITY, ST, ZIP		28 STREET ADDRESS	
119 NAME		29 CITY, ST, ZIP	
120 STREET ADDRESS		30 NAME	☐ Change ☐ Addition
121 CITY, ST, ZIP		31 STREET ADDRESS	
122 NAME		32 CITY, ST, ZIP	
123 STREET ADDRESS		33 NAME	☐ Change ☐ Addition
124 CITY, ST, ZIP		34 STREET ADDRESS	
125 NAME		35 CITY, ST, ZIP	
126 STREET ADDRESS		36 NAME	☐ Change ☐ Addition
127 CITY, ST, ZIP		37 STREET ADDRESS	
128 NAME		38 CITY, ST, ZIP	
129 STREET ADDRESS		39 NAME	☐ Change ☐ Addition
130 CITY, ST, ZIP		40 STREET ADDRESS	

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 191.04(1)(b), 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. I am an officer or director of this corporation or this officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or significantly changed, with an address.

SIGNATURE: *Pegilee Hartnett Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

2-9-95 813:394-3000