

**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 28 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000072300 (5)**

1. Corporation Name  
**WALL TO WALL, INC.**

Principal Place of Business      Mailing Address  
**2819 SUMMERFIELD STREET      2819 SUMMERFIELD STREET**  
**DELTONA FL 32738-5213      DELTONA FL 32738-5213**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/12/1993      04/28/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27

City & State      City & State  
23      28

Zip      Country      Zip      Country  
24      25      29      30

4. FEI Number      Applied For  
**59-3205887**      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. 193.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**FAIRCHILD, LEIGH H**  
**2819 SUMMERFIELD STREET**  
**DELTONA FL 32738-5213**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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                      | <b>D</b>                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FAIRCHILD, LEIGH H</b>      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2819 SUMMERFIELD STREET</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>DELTONA FL 32738-5213</b>   | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b>                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FAIRCHILD, JOAN A</b>       | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2819 SUMMERFIELD STREET</b> | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>DELTONA FL 32738-5213</b>   | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 3.2 NAME  |   |
| STREET ADDRESS             |                                | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 4.2 NAME  |   |
| STREET ADDRESS             |                                | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 5.2 NAME  |   |
| STREET ADDRESS             |                                | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Joan Fairchild*      **JOAN FAIRCHILD**      4-24-95      904-789-1885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Employer Phone #