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**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000081339 (2) **DOCUMENT #**  Corporation Name TOTAL INTERIORS, INC. Principal Place of Business Maling Address 1271 LAKEWOOD DR. 1271 LAKEWOOD DR. JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 ЦS 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 09/20/1993 4. FEI Number 2a. Maling Address 2. Principal Place of Business 59-3201343 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zιρ Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOLLET, ALISHIA Street Address (P.O. Box Number is Not Acceptable) 82 1271 LAKEWOOD DR. 83 JACKSONVILLE FL 32259 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed came of registered agent and time fluir of catio ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1 1 THE F TITLE HOLLETT, BRAD 12 NAME NAME 3270 RICKY DRIVE, #101 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 14 CITY - S1 - ZIP CITY-ST-ZIP DELETE 2 1 Title 2.2 NAME NAME 2.3 STHEET ADDRESS STREET ADDRESS 2.4 CITY - ST - 7:P CULY-ST-7(P Change DELETE 3 1 10106 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS

6 4 C11 Y - ST - Z1P CHY-ST-ZP 14. I do hereby certify that the information supplied with the filling 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 en powered to execute this report as required by Chapter 607, Florida Statutes, and that my name

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