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May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000008096 (7)

1. Corporation Name

LANGSTON SPROWLS INTERIOR DESIGN, INC.



Principal Place of Business

Mailing Address

~~611 SHORT ST.~~  
TALLAHASSEE FL 32308

~~611 SHORT ST.~~  
TALLAHASSEE FL 32308-6930

3. Date Incorporated or Qualified  
02/02/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 303 DeSoto Street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Same  
Suite, Apt. #, etc.

4. FEI Number  
59-3221299  
Applied For  
Not Applicable

22 City & State  
Tallahassee FL

27 City & State  
Tallahassee FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 32303 Country  
Leon

28 Zip  
32303

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
LANGSTON, CARY V  
~~611 SHORT ST.~~  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
303 DeSoto Street  
83  
84 City Tallahassee FL 85 Zip Code 32303

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 *Cary V. Langston* Cary V. Langston Vice President 4-30-97  
Signature of, and printed name of, registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PSD ☐ DELETE  
NAME SPROWLS, ELLEN C  
STREET ADDRESS 981 ILEX WAY  
CITY-ST-ZIP TALLAHASSEE FL 32312  
TITLE VTP ☐ DELETE  
NAME LANGSTON, CARY V  
STREET ADDRESS ~~611 SHORT STREET~~  
CITY-ST-ZIP TALLAHASSEE FL 32308  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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 303 DeSoto Street  
2.4 CITY-ST-ZIP TALLAHASSEE FL 32303  
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cary V. Langston* Cary V. Langston 4/30/97 904-425-2854  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)