FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P94000011693 (6)

1. Corporation Name

~~HOME & KITCHEN DESIGN CENTER, INC.~~
Jacobs ~~and~~ Suarez, Inc.

n/c 1/10/96 (KD)

Principal Place of Business	Mailing Address
~~4111 N. DAVIS HWY~~ ~~STE. 344 BLOUNT BLDG~~ ~~PENSACOLA FL 32503~~ ~~US~~	~~4111 N. DAVIS HWY~~ ~~STE. 344 BLOUNT BLDG~~ ~~PENSACOLA FL 32503~~ ~~US~~

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report: 05/22/1995

2. Principal Place of Business
21: 3564 Chiefmate Dr.
22: Suite, Apt. #, etc.
23: City & State: Pensacola, Fl
24: Zip: 32506
25: Country: Escambia

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 59-3222320 ☐ 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

~~JACOBS, ANTHONY~~
~~3564 CHIEFMATE DRIVE~~
~~STE. 344 BLOUNT BLDG.~~
~~PENSACOLA FL 32506~~

10. Name and Address of New Registered Agent

81 Name: Jacobs, Anthony
82 Street Address (P.O. Box Number is Not Acceptable): 3564 Chiefmate Dr.
83:
84 City: Pensacola FL 85 Zip Code: 32506

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	JACOBS, ANTHONY		12 NAME	
STREET ADDRESS	POST OFFICE BOX 12924 N/A		13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32576-2924		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, DON		22 NAME	
STREET ADDRESS	630 RIOLA PLACE		23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	600001726176
STREET ADDRESS			43 STREET ADDRESS	-02/20/96--01015--010
CITY-ST-ZIP			44 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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 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: Anthony Jacobs ANTHONY JACOBS 2-23-96 904 453-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

2-27-96 SR

03990349 CP