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PROFIT CORPORATION ANNUAL RÉPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000017134 (5)

FILED Feb 26 1998 8:00am Secretary of State

HARVAI	RD JOLLY INTERIORS, INC.									
Principal Plac	e of Business	Mailing Address						13001 111	149 11111	GIBI IBUI
2714 9TH ST N 2714 9TH ST N										
ST PETERSBU	URG FL 33704	ST PETERSBURG FL 3	ST PETERSBURG FL 33704			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
						02/28/1994				
2. Principal P	Place of Business	2a. Mailing Address						Apr	olied For	
1		26			59-3233541	Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.	75 A	dditional	
22		27				b. Certificate of Status Desired		Fe	e Rec	quired
City & State	ө	City & State			6. Election Campaign Financing	_	\$5	.00	May Be	
23		28				Trust Fund Contribution		Ac	ded to	Fees
Zip	Country	Zip	Con	ntry		8. This corporation owes or has paid	_	- 1	_	_
24	25	[29]	30			Personal Property Tax due June		Yes	<u> </u>	No
	g. Name and Address of Curren	it Registered Agent		81 Na	ıme	10. Name and Address of New Reg	istered A	gent		
	ISTAND, PAUL K		j	וים וא	ıme					
	I SE COND AVE N		l	82 St	eet Addre	ess (P.O. Box Number is Not Acceptable	6)			
ST	PETERSBURG FL 33701									
			ł	B3						
				84 Ci	· · · · · · · ·			85	Zip C	ode
11. Pursuant office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obliga-	2 and 607.1508, Florida Stat of Florida, Such change wa ations of Section 607.0505.	ľ	oove-nade by the cutes.	•	pration submits this statement for the pu on's board of directors. I hereby accept	FL urpose of the appo	chang ointme	ing its	registered egistered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (N	utes, the ats authorized lorida Stati		ned corpo corporatio	oration submits this statement for the puon's board of directors. I hereby accept d when reinstating)	urpose of t the appo			
SIGNATURE	Signature, typed or printed name of registered age	nt and tille if applicable. (No	utes, the ats authorized forida State	l Agent sig	ned corpo corporatio		DATE	DIREC	CTORS	S IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age: OF FICERS AND	nt and title if applicable. (N	utes, the ats authorized lorida State	l Agent sig	ned corpo corporatio	d when reinstating)	DATE		CTORS	
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4. I needy certify that the information supplied with finishing poes /bit quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or supplemental annual report is size 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 received of trustice employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter for an attachment with an appears in

SIGNATURE:

2/16/98

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