

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

DOCUMENT # **P94000026409 (0)**

1. Corporation Name

MARY'S INTERIORS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1430 S CHURCH ST APT D
LAKE CITY FL 32055

1430 S CHURCH ST APT D
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/04/1994

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

59-3231663

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

FRIER, CYNDI
634 HELVENSTON STREET
LIVE OAK FL 32060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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

Separate typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: *President (only officer)*
NAME: *Mary M. Loftsgard*
STREET ADDRESS: *1430 S. Church St. Apt. D*
CITY - ST - ZIP: *LAKE CITY, FL 32055*

1.1 TITLE Change Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

1.2 NAME

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

1.3 STREET ADDRESS

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

1.4 CITY - ST - ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

2.1 TITLE Change Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

2.2 NAME

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

2.3 STREET ADDRESS

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

2.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Mary M. Loftsgard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95

404-288-9912
DATE (Month/Day/Year)