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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000031406 (9)

1. Corporation Name

MS PROFESSIONAL INTERIORS, INC.



Principal Place of Business

6610 N.W. 30TH TERRACE
GAINESVILLE FL 32653-1421
US

Mailing Address

6610 N.W. 30TH TERRACE
GAINESVILLE FL 32653-1421
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

59-3236894

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1104 S.W. 127th Street

Suite, Apt. #, etc.

22

City & State

23 NEWBERRY, FL

Zip

24 32669-3009

Country

25 ALACHUA

2a. Mailing Address

26 1104 SW 127th Street

Suite, Apt. #, etc.

27

City & State

28 NEWBERRY, FL

Zip

29 32669-3009

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

SHEEDY, MARGARET A
6610 N.W. 30TH TERRACE
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name

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

1104 SW. 127th Street

83

84 City

NEWBERRY

FL

85 Zip Code

32669-3009

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

SIGNATURE of Current Registered Agent and Title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SHEEDY, MARGARET A
STREET ADDRESS 6610 N.W. 30TH TERRACE
CITY-ST-ZIP GAINESVILLE FL

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

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

11 TITLE ☒ Change ☐ Addition

12 NAME Shedy, MARGARET A.

13 STREET ADDRESS 1104 S.W. 127th Street

14 CITY-ST-ZIP NEWBERRY, FL 32669-3009

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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

SIGNATURE of Current Registered Agent and Title (Applicable)

PRESIDENT

(352)

32669-3009

CR2E034 (10/97)