

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 # P94000063236 (1)

1. Corporation Name

PLANTATION INTERIORS, INC.



Principal Place of Business

929 LIVE OAK PLANTATION RD.
TALLAHASSEE FL 32312

Mailing Address

929 LIVE OAK PLANTATION RD.
TALLAHASSEE FL 32312

2. Principal Place of Business

2a. Mailing Address

21 1415 TIMBERLAKE ROAD

26 Suite, Apt. #, etc.

22 MARKET SQUARE #309

27 Suite, Apt. #, etc.

23 City & State

28 City & State

TALLAHASSEE, FL

24 Zip

25 Country

32312

LEON

29 Zip

30 Country

3. Date Incorporated or Qualified

08/26/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3263427

Applied For

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

PADGETT, TIMOTHY D ESQ.
211 S. GADSDEN ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name TIMOTHY D. PADGETT, ESQ

82 Street Address (P.O. Box Number is Not Acceptable)
701 EAST TENNESSEE STREET

83

84 City Tallahassee

FL

85 Zip Code 32308

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 Corporation (to be printed and signed by registered agent)

Printed Name of Registered Agent (to be printed and signed by registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PEPPER, MARILYN P
STREET ADDRESS 929 LIVE OAK PLANTATION RD.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT/DIRECTOR

704-668-9956

CR2E034 (12/95)