FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999

NAME

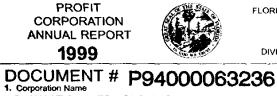
TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

GEORGIA CEAN

99 HAR -5 PH 12: 43

SECRETARY OF STATE

Planta	TION INTERIORS, INC.			IA.	ALLAMASSEE, PLONEM	
Principal Plac	e of Business	Mailing Address			1 1981/ent ish intil Graft Seile Safet Sould Bhite 21618 11602 11612	# WILL TOOL
1415 TIMBERLANE ROAD 929 LIVE OAK PLANTATION R MARKET SQUARE 309 TALLAHASSEE FL 32312			RD.			
TALLAHASSEE				DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed 08/26/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied	d For
21		26	_ ,		59-3263427 Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired [1] \$8.75 Addit Fee Require	
City & Stat	e	City & State			Election Campaign Financing . \$5.00 May Be	v Be
23		28			Trust Fund Contribution Added to Fe	
Zip	Country	Zip	Country	'	8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax []Yes []N	No
	9. Name and Address of Current	Registered Agent	81	T	10. Name and Address of New Registered Agent	
PADGETT, TIMOTHY O ESQ 701 EAST TENNESSEE STREET TALLAHASSEE FL 32308			82	Name Street Address (P.O. Box Number is Not Acceptable)		
			63	83		
	2 W 1.002.2 E 02.000		83	}		ļ
			84	City	85 Zip Code	e
				L		
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida Statule f Florida. Such change was au ons of, Section 607.0505, Flori	s, the abovi thorized by da Statutes	e-named corpo the corporation	oration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as registe	stered ered
SIGNATURE						
45	Signature, typed or printed name of registered agent			al signature required i		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Addition
NAME	PEPPER, MARILYN P	נין טכנבוב	1.2 NAME		[] Change [
	929 LIVE OAK PLANTATION RD.		1			1
STREET ADDRESS	TALLAHASSEE FL 32312			T ADDRESS		
CITY-ST-ZIP TITLE	INCENTINOUEL TE DEUTE	☐ DELETE	14 C/TY-S	1-211	[]Change) Addition
NAME		D seem	22 NAME	1	E. Johnston E.	3.4000011
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2 4 CiTY-9	1		ĺ
TITLE		☐ DELETÉ	31 TITLE	52.m	[]Change	Addition
NAME	[•	3 2 NAME	-	600002795996-	
STREET ADDRESS	(33 STREET	T ADDRESS	-03/05/9901065012	2 -
CITY-ST-ZIP			34 DTY-S		-03/05/9901065012 ****150.00 ****150.	.00
TITLE		☐ DELETE	41 TITLE		The state of the s	Addition
NAME			4 2 NAME)		}
STREET ADDRESS			43 STREET	T ADDRESS		
City-S1-ZIP	1		4.4 CITY-5	T-21P		1
TITLE		DELETE	51700.5		Γ'I Charge Γ	1 Addition

CITY-ST-ZIP 4.1 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, with all other like empowered.

52 NAME

61 TITLE

62 NAME

DELETE

53 STREET ADDRESS

63 STREET ADORESS

64 CITY-ST-ZIP

54 CITY-51-21P

SIGNATURE:

3/3/99

Daylime Phone #