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

FILED
May 27 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 # **P94000080411 (9)**

1. Corporation Name
BEST WALLCOVERING, INC.

Principal Place of Business	Mailing Address
5291 COLLINS RD LOT 124 JACKSONVILLE FL 32244 US	5291 COLLINS RD LOT 124 JACKSONVILLE FL 32244 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-3276917 ☐ 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

9. Name and Address of Current Registered Agent

PEACOCK, PAUL
LOT 124
~~APT 124~~
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name: Peacock, Anthony W
82 Street Address (P.O. Box Number is Not Acceptable): 5291 Collins Rd. #124
83:
84 City: Jacksonville, FL 85 Zip Code: 32244

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: Anthony W. Peacock, President — Anthony W. Peacock — 5-21-98
Signature of officer or director of registered agent and title if applicable (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	PEACOCK, PAUL		1.2 NAME	Peacock, Anthony W	
STREET ADDRESS	5291 COLLINS RD, LOT 124		1.3 STREET ADDRESS	5291 Collins Rd. #124	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jax, Fl. 32244	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	PEACOCK, ANTHONY W		2.2 NAME	Peacock, Paul	
STREET ADDRESS	5291 COLLINS RD #124		2.3 STREET ADDRESS	3737 St Johns Bluff Rd. S. Apt. 2310	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jax, Fl. 32224	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, PRISCILLA JANE		3.2 NAME		
STREET ADDRESS	5291 COLLINS RD #124		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Priscilla Jane Peacock — 4-29-98 — 904-269-4265