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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050791 (9)

CHUCK'S PAPERHANGING, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			3 10011001 410 18184 BAIRT BEAR DEAL BRITT BAIRT B	4 JOOLIAON AND URARA DANNA RESIAL ORBINA ROLLIA ROLLIA DANNA LORLIA (RADI NIZA) (DRI		
937 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176		837 NORTH HAL						
		ORMOND BEACH FL 32176			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	NOL		
					07/01/1995			
2. Principal Place of B	usiness	2a. Mailing Addre	988		4, FEI Number	Applied For		
21		26			59-3323947	Not Applicable		
Sulte, Apt. #, etc.		. Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			5, Certificate of Status Desired	Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip		untry	8. This corporation owes or has paid the cur			
24	25 me and Address of Curre	29	30	T	Personal Property Tax due June 30.	Yes No		
HORNE, CI		nit noglaterou Agent		81 Name	10. Health and Addiess of New Hegistered	Aprill		
937 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176				82 Street A	Address (P.O. Box Number is Not Acceptable)			
UNMOND	DEMONTE SZ176			83				
				84 City	FL	85 Zip Code		
44 Pureuant to the pro	wisions of Sections 607.05	02 and 607 1508 Florin	la Statutes, the	hove-named	corporation submits this statement for the purpose of	changing its registered		
office or regi ste red	l agent, or both, in the Stat r with, and accept the oble	e of Florida. Such chan	oe was authorizi	ed hy the cara	poration's board of directors. I hereby accept the app	ointment as registered		
agent. I am tamilia	r with, and accept the only	gations of, Section 607.	J5U5, Florida St	atutes.				
SIGNATURE Signature to	yped or present name of registered as	oont and title if applicable	(NOTE Booisto	ng Apent signature i	required when reinstating) DATE			
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12		
TITLE P		D£		ritle		Change Addition		
NAME HOR	NE, CHARLES T		1.2	NAME	•			
STREET ADDRESS 937	North Halifax Drive		1.3	STREET ADDRESS				
CITY-ST-ZIP ORM	OND BEACH FL 32176		1.4	CITY-ST-ZIP				
TITLE		☐ DE		TITLE	•	Change Addition		
NAME :			2.2	NAME				
STREET ADDRESS			2.3	STREET ADDRESS				
CITY-ST-ZIP			2. 4	CITY-ST-ZIP				
TITLE .		☐ DE	LETE : 3.1	TITLE		Change Addition		
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET ADDRESS				
CITY-ST-ZIP			3.4.	CITY-ST-ZIP				
TITLE		DE	LETE 4.1	IITLE		Change Addition		
NAME			4.2	NAME				
STREET ADDRESS			4.3	STREET ADDRESS				
CITY-ST-ZIP			4.4	CITY-ST-ZIP				
TITLE		DE	LETE 5.1	TITLE		Change Addition		
NAME ,			5.2	NAME				
STREET ADDRESS			5.3	STREET ADDRESS				
CITY-\$T-ZIP			5.4	CITY-ST-ZIP				
TITLE		DE	LETE 6.1	TITLE		☐ Change ☐ Addition		
			6.2	NAME				
NAME					1			
- 1			6.3	STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP			6.4	CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	1 the information supplied	with this filling does not	6.4	CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes. I further ce anature shall have the same legal effect as if made un required by Chapter 607, Florida Statutes, and that r	rtify that the information		