

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000096145 (4)**

1. Corporation Name

**WALLCOVERING BY RICHARD, INC.**



Principal Place of Business

**3414 22ND STREET SW  
LEHIGH ACRES FL 33971**

Mailing Address

**3414 22ND STREET SW  
LEHIGH ACRES FL 33971**

2. Principal Place of Business

**21 1910 S.E. 16TH ST**

2a. Mailing Address

**26 1910 S.E. 16TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 CAPE CORAL, FL**

24 Zip

**33990**

25 Country

**USA**

27 City & State

**28 CAPE CORAL, FL**

29 Zip

**33990**

30 Country

**USA**

9. Name and Address of Current Registered Agent

**STIG, RICHARD R  
3414 22ND STREET SW  
LEHIGH ACRES FL 33971**

3. Date Incorporated or Qualified  
**12/18/1995**

3a. Date of Last Report

4. FEI Number

**65-0630283**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**81 Name  
LUCIUS, WALTER C.  
82 Street Address, P.O. Box Number, Not Acceptable  
1910 S.E. 16TH ST  
83  
84 City  
CAPE CORAL FL 85 Zip Code  
33990**

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

*Walter C. Lucius*

**WALTER C. LUCIUS**

**4/1/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUCIUS, WALTER C	
STREET ADDRESS	1910 SE 16TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STIG, RICHARD R	
STREET ADDRESS	3414 22ND STREET	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STIG, KAREN	
STREET ADDRESS	3414 22ND STREET	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUCIUS, CHRISTINE	
STREET ADDRESS	1910 SE 16TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	STIG, RICHARD S.	
13 STREET ADDRESS	16926 MCGREGOR BLVD	
14 CITY-ST-ZIP	FT. MYERS, FL 33908	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(g), 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:

*Walter C. Lucius* **WALTER C. LUCIUS**

**4/1/96**

**674-5262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)