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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Toll for the Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP 19 Fill2: 20 P96000013910 (0) DOCUMENT # **BOHANNON INTERIORS & DESIGN. INC.** Principal Place of Business Mailing Address 2227 SADLER RD 2227 SADLER RD FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59*-335*947*3* 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State Crty & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ No 29 30 Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BOHANNON, PATRICIA A Name 2227 SADLER RD 82 Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BEACH FL 32034 63 84 City Zip Code 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELFTE 1.1 THLE Change noitibtA BOHANNON, PATRICIA A NAME 1.2 NAME 800002301018-2227 SADLER RD STREET ADDRESS 1.3 STREET ADDRESS -09/23/97--01056--002 FERNANDINA BEACH FL 32034 CITY-ST-ZIP 1.4 CITY - ST- ZIP ****165.00 - ****165.00 DELL TE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 31 THLE Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1) - \$1 - Z(P) TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STR T ADDRESS 4.3 STREET ADDRESS CITY ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE Addition 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 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certily 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