

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

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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000027353 (7)

1. Corporation Name
COMMERCIAL WALLCOVERING INSTALLATIONS, INC.



Principal Place of Business
1939 FRANKLIN STREET
JACKSONVILLE FL 32202

Mailing Address
1939 FRANKLIN STREET
JACKSONVILLE FL 32206-4064

3. Date Incorporated or Qualified 03/22/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3372786		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NOYES, CAROLINE
1939 FRANKLIN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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 *Caroline T. Noyes*

(Signature, typed or printed name 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	President <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caroline T. Noyes	1.2 NAME	Caroline T. Noyes
STREET ADDRESS	1939 Franklin St.	1.3 STREET ADDRESS	1939 Franklin Street
CITY - ST - ZIP	Jacksonville, FL 32206	1.4 CITY - ST - ZIP	Jacksonville FL 32206
TITLE	William A. Marsh III <input type="checkbox"/> DELETE	2.1 TITLE	Vice President Production <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. Marsh III	2.2 NAME	William A. Marsh III
STREET ADDRESS	1104 Nira Street	2.3 STREET ADDRESS	1104 Nira Street
CITY - ST - ZIP	Jacksonville FL 32207	2.4 CITY - ST - ZIP	Jacksonville Florida 32207
TITLE	Vice President - Operations <input type="checkbox"/> DELETE	3.1 TITLE	Vice President Operations <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric T. Marsh	3.2 NAME	Eric T. Marsh
STREET ADDRESS	3954 Newell Blvd	3.3 STREET ADDRESS	
CITY - ST - ZIP	Jacksonville FL 32216	3.4 CITY - ST - ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Marsh-Sims	4.2 NAME	Kim Marsh-Sims
STREET ADDRESS	381 Raggety Point Court	4.3 STREET ADDRESS	381 Raggety Point Court
CITY - ST - ZIP	Orange Park, FL 32073	4.4 CITY - ST - ZIP	Orange Park FL 32073
TITLE	Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Austin Marsh Jr.	5.2 NAME	William Austin Marsh Jr.
STREET ADDRESS	1939 Franklin Street	5.3 STREET ADDRESS	1939 Franklin St.
CITY - ST - ZIP	Jacksonville FL 32206	5.4 CITY - ST - ZIP	Jacksonville FL 32206
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Caroline T. Noyes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (904) 353-4617
Date Daytime Phone #

0030077

CR2E034 (9/96)