

FILE NOW: FILING FEE AFTER MAY 1ST IS \$55

FILED

May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA6000040377**
 1. Corporation Name: **Fisher's Upholstery & Decorating Inc.**

Principal Place of Business: **5609 C Timuquana Rd.**
 Mailing Address: **Jax FL 32210**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5609 Timuquana Rd Suite, Apt. #, etc. C City & State Jax FL 32210 Zip 32210 Country Duval		2a. Mailing Address 26 5609 C Timuquana Rd Jax Suite, Apt. #, etc. C City & State Jax FL Zip 32210 Country Duval		3. Date Incorporated or Qualified 5-10-96	4. FEI Number 59-3366684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Fisher, John B
5609-C Timuquana Rd
JAX FL 32210

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John B Fisher	1.2 NAME	LISA FISHER
STREET ADDRESS	7800 Falcon St	1.3 STREET ADDRESS	7800 Falcon St
CITY-ST-ZIP	JAX FL 32244	1.4 CITY-ST-ZIP	JAX FL 32244
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	LISA FISHER	2.2 NAME	
STREET ADDRESS	7800 Falcon St Jax FL 32244	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

000002537080
-05/27/98-01088-043
*****150.00**

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 601, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John B. Fisher, President** **John B Fisher 4-27-98**

CR2E034 (10/97)