

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

FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000104441 (6)

1. Corporation Name

SPRAGGINS CONTRACT INTERIORS, INC.

Principal Place of Business

3815 SILVER STAR ROAD  
ORLANDO FL 32808

Mailing Address

3815 SILVER STAR ROAD  
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1996

4. FEI Number

59-3417347

Applied For

Not Applicable

6. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HOSKINS, CUSAN~~  
225 S. ADAMS STREET  
~~SUITE 250~~  
TALLAHASSEE FL 32301

81 Name

Spraggins, Michael L., Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

2586 N. Orange Blossom Trail

83

84 City

Orlando

FL

85 Zip Code

32804

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

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	CEO	<input type="checkbox"/> DELETE
NAME	SPRAGGINS, MICHAEL L SR.	
STREET ADDRESS	3815 SILVER STAR ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOSKINS, MICHAEL L JR.	
STREET ADDRESS	3815 SILVER STAR ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SPRAGGINS, MARGARET	
STREET ADDRESS	3815 SILVER STAR ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POWERS, DANIEL L JR	
STREET ADDRESS	13 OAK ST	
CITY-ST-ZIP	YALABRO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4 EAST HARVARD ST.
1.3 STREET ADDRESS	ORLANDO, FL 32804
1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Spraggins, Michael L., Jr.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4 EAST HARVARD ST.
3.3 STREET ADDRESS	ORLANDO, FL 32804
3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	YALABA, FL 3234797
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:

 DANIEL L. POWERS, JR. 1/7/98 407-295-4150

CR2E034 (10/97)