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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000039379 (7) DOCUMENT #

TRI-J INTERIORS INC.

Principal Place of Business	
000 N   HIDDOM ATORET	

Mailing Address

830 N. HUDSON STREET

## FILED Apr 17 1998 8:00am Secretary of State



ORLANDO FL 32808 ORLANDO FL 32908 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u>59-3439945</u> 1234 Russell 1234 Russell Dr Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be FL Ocoee Ococe Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes 25 ☐ No 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NICHOLS, JANE 830 N. HUDSON STREET 1234 Russell Dr Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 Dece, FL 34761-1958 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE . Change 1 1 TITLE NICHOLS, JANE NAME 1.2 NAME 890 N. HUDSON STREET 1234 Russell Dr STREET ADDRESS 1.3 STREET ADDRESS Ocoee, FL 34761-1958 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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 13 Jectanged, or on an attachment with an address.

SIGNATURE:

407)656-9846