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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000097640

Principal Place of Business Mailing Address	DECORATIVE MAT BOARDS, INC.					
Principal Place of Business Mailing Address Mailing Address		•				
139 LINDA AVENUE PANMAN CITY FL 32401 22 Principal Place of Business 23. Malling Address 24. Felt Number 25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 City & State 20 City & State 21 D Country 21 D Country 21 D Country 22 D Country 24 D Country 25 D Country 26 D Suite, Apt. #, etc. 27 D Country 28 D Country 29 D Country 20 D Country 20 D Country 20 D Country 20 D Country 21 D Country 21 D Country 22 D Country 24 D Country 25 D Country 26 D Suite Purpose with current year Intangible Personal Property Tax. D Yes No Added to Fees 28 D Suite Address of Current Registered Agent HICKS, NANCY H 139 LINDA AVENUE PANAMA CITY FL 32401 30 Sived Address (P.O. Box Number is Not Acceptable) 31 Name 32 Sived Address (P.O. Box Number is Not Acceptable) 33 Sived Address (P.O. Box Number is Not Acceptable) 34 City Sixted City Sixted Address (P.O. Box Number is Not Acceptable) 35 Signature (peet or princip may at Indignated Agent are adjusted agent. I am facility with, and acceptable of Country Linds Sixted Property Tax. 36 City Sixted Address (P.O. Box Number is Not Acceptable) 37 Signature (peet or princip may at Indignated Agent and Indignated Agent A	Principal Plac	e of Business	Mailing Address			
PANAMA CITY FL 32401	1		-			
2. Principal Place of Business						•
2 Principal Place of Business 2a Mailing Address 4. FEI Number Applied For 21 22 22 27 27 Suite, Apt. #, etc. So. Certificate of Status Desired Fee Required Fee R						DO NOT WRITE IN THIS SPACE
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24	23	3 28				Trust Fund Contribution Added to Fees
HICKS, NANCY H 139 LINDA AVENUE PANAMA CITY FL 32401 11. Pursuant to the provision of Sections 607 5002 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Sections 607 5002 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, 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 and the implicative.	L '	Country	Zip	Count	ry	8. This corporation owes the current year Intangible
HICKS, NANCY H 139 LINDA AVENUE PANAMA CITY FL 32401 81	24			30		
HICKS, NANCY H 139 LINDA AVENUE PANAMA CITY FL 32401 82 Street Address (P.O. Box Number is Not Acceptable) 83		9. Name and Address of Currer	it Registered Agent			
139 LINDA AVENUE PANAMA CITY FL 32401 83 14 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 agent, and particularly and accept the spotolardish of Sections 507.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and particularly and accept the appointment as registered agent, and particularly and accept the appointment as registered agent, and particularly and accept the appointment as registered agent, and particularly an	UICI	ZO NIANOV U	•	8	1 Name	
PANAMA CITY FL 32401 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objects of, Section 707.0505, Florida Statutes. SIGNATURE Signature, typed or protest rayle 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 P DELETE 1.1 TITLE PANAMA CITY FL 32401 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Addition NAME 3.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Addition NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME 4.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition NAME A CITY-ST-ZIP TITLE Change Addition A CITY-ST-ZIP TITLE Change Addition A CITY-ST-ZIP TITLE Change Addition				8	2 Street A	Address (P.O. Box Number is Not Acceptable)
Signature Paname			٠			
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 agent. I am familier with and accept the purpose of ficing its registered agent. I am familier with and accept the purpose of formation 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 familier with and accept the purpose of formation is registered agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P	PAN	AMA CITY FL 32401		8	3	· · · · · · · · · · · · · · · · · · ·
SIGNATURE Signature, typed or printed ragne of regishared agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating)		• .				FL
SIGNATURE Signature, typed or printed ragne of regishared agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating)	11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was aut	horized b	ve-named o y the corpo	corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					كبرم لم	1-19-99
12.	SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable. (NOTE:	tegistered Ap	ent signature re	required when reinstating) DATE
NAME	12.					
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	STREET ADDRESS	•				·

6.4 CITY-ST-ZIP CITY-ST-ZIP indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informationated 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 off an attactment with an address, with all other like empowered. 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

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

TITLE

NAME

NAME

☐ DELETE

□ DELETE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90059 033 ***150.00

Change

☐ Change

Addition

☐ Addition