FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Sep 01, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT Secretary of State **Secretary of State** 1999 DIVISION OF CORPORATIONS 09-01-1999 90012 002 ***550.00 DOCUMENT # P980000027231 1. Corporation Name Interiors Inc. Maurice 1 1 7 5 8 611750 - 90012 - 2 Principal Place of Business Mailing Address 420 S. Rome Are Tampa FL. 33606 DO NOT WRITE IN THIS SPACE Tampa 3. Date Incorporated or Qualifed 118 98 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0815495 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes the current year Intangible 24 ☐ Yes 29 30 25 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Maurice Tucker 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2119 Lemon St. 83 Tampa FL. 33606 84 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) CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ DELETE TITLE 1.1 TITLE Change Addition Maurice Tucker NAME 1.2 NAME 2119 Lemon St. STREET ADDRESS 1.3 STREET ADDRESS Tampa FL 33606 1.4 CITY-ST-ZIP CITY-ST-7IP Addition □ DELETE TITLE 2.1 TITLE ☐ Change 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Addition Change TITLE 3.1 TITLE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIE DELETE Addition ☐ Change TITLE 5.1 TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE ☐ DELETE ☐ Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIE 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, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR