


FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90012 045 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025377 ✓
1. Corporation Name
JULIAN-MARCUS INTERIORS AND FLORIST, INC.



Principal Place of Business Mailing Address
813 EAST GADSDEN ST. PENSACOLA FL 32501
902 EAST GADSDEN ST. PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
03/17/1998

2. Principal Place of Business 2a. Mailing Address
21 902 E. Gadsden St. 26 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Pensacola FL 28
Zip Country Zip Country
24 32501 25 Esc. 29 30

4. FEI Number Applied For
59-3498826 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible personal property. Yes No

9. Name and Address of Current Registered Agent
FERGUSON, MICHAEL L
4300 BAYOU BLVD. STE. 12 & 13
PENSACOLA FL 32503

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, MARY F	1.2 NAME	
STREET ADDRESS	813 EAST GADSDEN ST.	1.3 STREET ADDRESS	902 E. Gadsden St
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, MARK J.	2.2 NAME	
STREET ADDRESS	813 EAST GADSDEN ST.	2.3 STREET ADDRESS	902 E. Gadsden St.
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	Pensacola, FL 32501
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	

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: M. PROCTOR 6-19-99 850-4386400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)