

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 # P98000071370

1. Corporation Name

INTERIOR STRATEGIES INC

Principal Place of Business

**1760 OLEANDER PLACE
JACKSONVILLE FL 32210**

Mailing Address

**1760 OLEANDER PLACE
JACKSONVILLE FL 32210**

2. Principal Place of Business

8443 Baymeadows Road

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32256

Country

2a. Mailing Address

8443 Baymeadows Road

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32256

Country

3. Date Incorporated or Qualified

08/12/1998

4. FEI Number

59-3562615

Applied For

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

**COYLE, TERENCE A
1760 OLEANDER PLACE
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name

TERENCE A. COYLE

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

8443 Baymeadows Road

83

84 City

JACKSONVILLE

FL

85 Zip Code

32256

11. Pursuant to the provisions of sections 607.0507 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 re/instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PRESIDENT	TERENCE A. COYLE	8443 Baymeadows Road	JACKSONVILLE FL 32256	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
Vice President	ROBIN LUNDY	8443 Baymeadows Road	JACKSONVILLE FL 32256	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	Change	Addition

4. 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90021 026 ***550.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)