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95 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janice B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S16660** (0)

1. Corporation Name
PAMELA TEMPLES INTERIORS, INC.

Principal Office Location: **3300 S. HIAWASSEE RD SUITE 101 ORLANDO FL 32835**
Mailing Address: **3300 S. HIAWASSEE RD SUITE 101 ORLANDO FL 32835**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business		2a. Mailing Address		3. Date Incorporated or Organized	3a. Date of Last Report
21		26		11/28/1990	02/18/1994
22		27		4. FID Number	Applied For / Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing	\$5.00 May Be Added to Fees
25		30		7. Other Applicable Provisions of the Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLARK, RONALD L. 4740 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33803				81. Name			
				82. Street Address (P.O. Box Number, Not Applicable)			
				83. City			
				84. State			
				FL 85. Zip Code			

11. The report is prepared in accordance with the provisions of the Florida Statutes. The officer named herein submits this statement for the purpose of complying with the provisions of the Florida Statutes. The officer certifies that the information contained herein is true and correct to the best of his or her knowledge and belief. The officer certifies that the information contained herein is true and correct to the best of his or her knowledge and belief. The officer certifies that the information contained herein is true and correct to the best of his or her knowledge and belief.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME	P MCMULLEN, PAMELA R 9154 GREAT HERON CIR ORLANDO FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ADDRESS	VP MCMULLEN, EDWIN H SR 9154 GREAT HERON CIR ORLANDO FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ADDRESS	VP AMIS, LORI 5080 EASTWINDS DR ORLANDO FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S FLOURDE, CHARLES 1615 S EGLA DR ORLANDO FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/S LEE A. CROUCH 2929 BAYSHORE CT. TAMPA, FL 33611	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. The officer certifies that the information supplied with this report is true and correct to the best of his or her knowledge and belief. The officer certifies that the information supplied with this report is true and correct to the best of his or her knowledge and belief. The officer certifies that the information supplied with this report is true and correct to the best of his or her knowledge and belief.

SIGNATURE: *Lee A. Crouch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 407-298-9339