May-17-00 09:51A

2000 UNIFORM BUSINESS REPORT (UBR) 4/26

FILED
May 22, 2000 8:00 am
Secretary of State
04-26-2000 90059 017 ***150.00

404242

DO NOT WRITE IN THIS SPACE

DOCUMENT # S49007

1. Entity Name

DECORATOR SUPPLY CO.

Principal Place of Business	Mailing Address
5012 THOMAS DR PANAMA CITY FL 32408 US	5012 THOMAS DRIVE PANAMA CITY FL 32408-5012 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3074105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WILLIAMS, JACK R~~
~~614 MAGNOLIA AVE.~~
PANAMA CITY BEACH FL 32401

7. Name and Address of New Registered Agent

Name BILL R. HUTTO

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

1620 McKenzie Ave.

City P.C. FL Zip Code 32401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE BILL R. HUTTO [signature]

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOLSBY, THOMAS C. ~~518 WAHOO ROAD~~ ~~PANAMA CITY BEACH FL~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 2204 Magnolia Dr P.C. FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOLSBY, MELINDA M. ~~518 WAHOO ROAD~~ ~~PANAMA CITY BEACH FL~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 2204 Magnolia Dr P.C. FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/21/2000 (850) 233-5892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

MAY.17.2000 11:36 850 872 8402 HUTTO & BODIFORD #2169 P.001/001