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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90102 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S53439

1. Corporation Name
WALLCOVERINGS PLUS, INC.



Principal Place of Business

6860 NE CR 326
SILVER SPRINGS FL 34488
US

Mailing Address

P O BOX 1379
SILVER SPRINGS FL 34489-1379
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1991

2. Principal Place of Business

21 4500 NE 35 STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3133912

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 Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITLEY, DEBORAH J.

~~6860 NE COUNTY ROAD 326~~

~~SILVER SPRINGS FL 34488~~

81 Name

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

4500 NE 35 STREET, UNIT A2

83

84 City Ocala

FL

85 Zip Code 34479

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME WHITLEY, CHARLES W.
STREET ADDRESS 6860 NE COUNTY ROAD 326
CITY-ST-ZIP SILVER SPRINGS FL 34488

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change

☐ Addition

4500 NE 35 STREET, UNIT A2
Ocala, FL 34479

TITLE DP
NAME WHITLEY, DEBORAH J.
STREET ADDRESS 6860 NE COUNTY ROAD 326
CITY-ST-ZIP SILVER SPRINGS FL 34488

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

4500 NE 35 STREET, UNIT A2
Ocala FL 34479

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

Deborah J. Whitley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

352-236-5800

Daytime Phone #

CR2E034 (1/1/98)