FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

SIGNATURE:

Mar 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S71938 RONALD P. RICHEY WALLPAPER INSTALLATION, INC. Principal Place of Business Mailing Address 4714 WEST BLVD 4714 WEST BLVD NAPLES FL 33940 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1991 2. Principal Place of Business 2a. Mailing Address Applied For 65-0277654 26 Not Applicable 21 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICHEY, RONALD P. 4714 WEST BLVD Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 84 City Zip Code R5 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE RICHEY, RONALD P. NAME 1.2 NAME 4714 W. BLVD. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TIT1 F DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CfTY-ST-ZIP CITY ST. 7IP 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 officer or director of the corporation or the receiver or trustee employered to execute with an address.

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FLORIDA DEPARTMENT OF STATE

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