

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Workman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # V20112 (1)

1. Corporation Name

NATIONAL DECOR, INC.

95 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1990 S SPRING GARDEN RD
DELAND FL 32720
US

Mailing Address

PO BOX 1639
DELEON SPRINGS FL 32130
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualifier)

03/11/1992

3b. Date of Last Report

05/23/1994

4. FEI Number

65-0317520

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under the
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WICKHAM, CRAIG
5220 NORTH HIGHWAY 11
DELEON SPRINGS FL 32130

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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 of Registered Agent or Director, if the Registered Agent is a corporation)

(Signature of Registered Agent or Director, if the Registered Agent is an individual)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	PSTD
2. NAME	WICKHAM, NELSON CRAIG
3. STREET ADDRESS	5220 NORTH HIGHWAY 11
4. CITY, ST, ZIP	DELEON SPRINGS FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSTD	☒ Change ☐ Addition
2. NAME	Wickham, Nelson Craig	
3. STREET ADDRESS	1990 S. Spring Garden RD	
4. CITY, ST, ZIP	DELAND, FL 32720 U.S.	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the information stated in Sections 607.0505, Florida Statutes, is true and correct. I further certify that the information indicated in this annual report or supplementary 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 registered agent or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or in an attachment with an affidavit.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 904 738-4525
Date Typing Phone #