

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:07

DOCUMENT # M66669 (6)

1. Corporation Name
IAN'S INTERIORS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O PORTER, WRIGHT, MORRIS & ARTHUR C/O PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMMAM TRAIL, N. SUITE 400 4501 TAMMAM TRAIL, N. SUITE 400
NAPLES FL 33999 NAPLES FL 33940
US US

3. Date Incorporated or Qualified 3a. Date of Last Report
01/19/1988 **05/24/1994**

4. FEI Number Applied For / Not Applicable
65-0029637

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 a tax under Chapter 190, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. State, Apt #, etc 26. State, Apt #, etc

22. City & State 27. City & State

23. Zip 28. Zip

24. County 25. County 29. County 30. County

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**WILSON, GARY K.
4501 TAMMAM TRAIL, N.
SUITE 400
NAPLES FL 33940**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code
FL

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) DATE (Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLAND, CEDELL THOMAS	1.2 NAME	
STREET ADDRESS	POB 2405 2800 GARLAND RD	1.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	1.4 CITY, ST, ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLAND, TWYLA LEIGH	2.2 NAME	
STREET ADDRESS	POB 2405 2800 GARLAND RD	2.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information reported on this 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 and receive or am lawfully empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with respect to Block 13.

SIGNATURE: *Cedell Garland* 4/25/95 (813) 455-6927
CEDELL GARLAND OFFICER OR DIRECTOR