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95 APR 18 PM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F94000001716 (9)

1. Corporation Name
OZARK MOUNTAIN INTERIORS, INC.

Principal Place of Business Mailing Address

**651 W. BROWER
SPRINGFIELD MO 65802** **651 W. BROWER
SPRINGFIELD MO 65802**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/05/1994	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	43-1579850	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				7. This corporation has liability for intangible tax under S. 169.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATE INFORMATION SERVICES 1201 HAYS ST. TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CLIFTON, ALVIN L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3931 CUTLER COURT	1.2 NAME	
STREET ADDRESS	SPRINGFIELD MO 65807	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V CLIFTON, SAMUEL L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4406 QUAIL CREEK	2.2 NAME	
STREET ADDRESS	SPRINGFIELD MO 65810	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	S MATTHEWS, LORI L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3511 S. BARNES	3.2 NAME	
STREET ADDRESS	SPRINGFIELD MO 65804	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	T CLIFTON, GRACE J	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3931 CUTLER COURT	4.2 NAME	
STREET ADDRESS	SPRINGFIELD MO 65807	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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 trustee or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition, with an address.

SIGNATURE: *Sam Clifton* 4/12/95 917-865-6656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #