

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

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SPRINGFIELD MO 65802

3. Date Incorporated or Qualified  
**04/05/1994**

3a. Date of Last Report  
**04/18/1995**

4. FEI Number  
**43-1579850**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **1010 W. CHESTNUT ST**

26 **1010 W. CHESTNUT ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
**SPRINGFIELD**

27 City & State  
**SPRINGFIELD, MO**

23 Zip  
**65802**

Country

28 Zip  
**65802**

Country

29

Country

30

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

**FL**

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

Signature typed or printed name of registered agent and 1010 W. Chestnut St

NOTE: Registered Agent signature required when record filed

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CLIFTON, ALVIN L</b>	
STREET ADDRESS	<b>3931 CUTLER COURT</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MO 65807</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CLIFTON, SAMUEL L</b>	
STREET ADDRESS	<b>4406 QUAIL CREEK</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MO 65810</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MATTHEWS, LORI L</b>	
STREET ADDRESS	<b>3511 S. BARNES</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MO 65804</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CLIFTON, GRACE J</b>	
STREET ADDRESS	<b>3931 CUTLER COURT</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MO 65807</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>1462 S. VIRGINIA</b>
24 CITY-ST-ZIP	<b>SPRINGFIELD, MO 65807</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>710 JACKSON AVE</b>
34 CITY-ST-ZIP	<b>NIXA, MO 65714</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALVIN CLIFTON 1/19/96**

**417-865-6656**

Date

Telephone Number

CR2E034 (12/95)