

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

**FILED**  
**Mar 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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  
**1010 W CHESTNUT ST** **1010 W CHESTNUT ST**  
**SPRINGFIELD MO 65802** **SPRINGFIELD MO 65802-4184**  
**US** **US**

3. Date Incorporated or Qualified **04/05/1994** 3a. Date of Last Report **04/22/1996**  
 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**CORPORATION SERVICE COMPANY** 81 Name  
**1201 HAYS STREET** 82 Street Address (P.O. Box Number is Not Acceptable)  
**TALLAHASSEE FL 32301-2525** 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLIFTON, ALVIN L</b>	1.2 NAME	
STREET ADDRESS	<b>3931 CUTLER COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRINGFIELD MO 65807</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLIFTON, SAMUEL L</b>	2.2 NAME	<b>CLIFTON, SAMUEL L</b>
STREET ADDRESS	<b>1562 S VIRGINIA</b>	2.3 STREET ADDRESS	<b>1462 S VIRGINIA</b>
CITY-ST-ZIP	<b>SPRINGFIELD MO</b>	2.4 CITY-ST-ZIP	<b>SPRINGFIELD, MO 65807</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, LORI L</b>	3.2 NAME	
STREET ADDRESS	<b>710 JACKSON AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NIXA MO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLIFTON, GRACE J</b>	4.2 NAME	
STREET ADDRESS	<b>3931 CUTLER COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRINGFIELD MO 65807</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Grace J Clifton* **GRACE J CLIFTON** **1/7/97** **417-865-6656**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)