

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$328 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

07-08-1999 90023 016 ***150.00
 FILED F94000001716
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000001716** ✓
 Corporation Name
OZARK MOUNTAIN INTERIORS, INC.

Principal Place of Business Mailing Address
 10 W CHESTNUT ST 1010 W CHESTNUT ST
 SPRINGFIELD MO 65802 SPRINGFIELD MO 65802
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1994	
4. FEI Number 43-1578850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
91 Name	92 Street Address (P.O. Box Number is Not Acceptable)	93	94 City
		95	96 Zip Code
		FL	

Pursuant to the provisions of sections 607.0502 and 607.1506, 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: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	P CLIFTON, ALVIN L 3831 CUTLER COURT SPRINGFIELD MO 65807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P ALVIN CLIFTON 6307 MEADOWVIEW DR OZARK, MO 65721
<input type="checkbox"/> DELETE	V CLIFTON, SAMUEL L 1462 S VIRGINIA SPRINGFIELD MO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	S MATTHEWS, LORI L 710 JACKSON AVE NIXA MO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	300002950000 -08/06/99--01085--021 ****408.75 ****408.75
<input type="checkbox"/> DELETE	T CLIFTON, GRACE J 3831 CUTLER COURT SPRINGFIELD MO 65807	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I 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: _____ SIGNATURE REQUIRED Date: _____ Daytime Phone # _____

CR2E034 (5/99)