1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 147802

1. Corporation Name

MCCRANIE FURNITURE CO INC

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PHILIDAI	riace	Q.	DUSHICOS

1951 BLANDING BLVD

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Mailing Address

1951 BLANDING BLVD

## FILED Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90097 045 \*\*\*150.00



JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/11/1946 Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 2a. 59-0552185 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 28 Country Country Zip Zip This corporation owes the current year Intangible □No Personal Property Tax. X-XYes 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCCRANIE, J J III 82 Street Address (P.O. Box Number is Not Acceptable) 1951 BLANDING BLVD. JACKSONVILLE FL 32210 83

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 runsuant to the provisions of Sections 607,0002 and 607,1006, Fronta Statutes, the above-mained 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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ DELETE 1.1 TITLE ☐ Change Addition TITLE MCCRANIE, J. J.III 1.2 NAME NAME 1951 BLANDING BLVD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE MCCRANIE, J BRUCE 2.2 NAME NAME 1951 BLANDING BLVD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE MCCRANIE, J BRUCE NAME 3.2 NAME 1951 BLANDING BLVD. 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL. 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY+ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition | DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 with all other like empowered

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 389-2059

CR2E034 (11/98)

Zip Code

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