

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **281444** (0)

1. Corporation Name

**PALM FURNITURE COMPANY OF DAYTONA BEACH, INC.**



Principal Place of Business

**6525 BEACH BLVD.  
JACKSONVILLE FL 32216  
US**

Mailing Address

**6525 BEACH BLVD.  
JACKSONVILLE FL 32216  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PONSELL, MINNIE A  
6525 BEACH BLVD.  
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified  
**05/14/1964**

3a. Date of Last Report  
**08/03/1995**

4. FEI Number

**59-1051082**

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

10. Name and Address of New Registered Agent

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 title, if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SD PONSELL, SOPHIA S  
6525 BEACH BLVD  
JACKSONVILLE, FL 00000**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D RICE, FREDRICK L  
108 KING ST.  
ST. AUGUSTINE FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SD SHIRLEY A. BRASWELL  
6525 BEACH BLVD.  
JACKSONVILLE, FL 32216**

☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D TANYA BRASWELL  
6525 BEACH BLVD.  
JACKSONVILLE, FL 32216**

☒ Change ☐ Addition

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☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE: *Minnie A Ponsell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-26-96*

904-725-7588  
Daytime Phone

CR2E034 (12/95)