

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90028 031 ***150.00

DOCUMENT # 481399


1. Entity Name

MCKINNON HOME FURNISHINGS, INC.

Principal Place of Business 237 NO HWY 17 PALATKA FL 32177 US	Mailing Address RT 6 BOX 120 PALATKA FL 32177-9706 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

LUU4372U



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1614673	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	<input type="checkbox"/>

6. Name and Address of Current Registered Agent

MCKINNON, LEON F.
237 NO HWY 17
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	NETTLES, TROY A
STREET ADDRESS	1023 ST JOHNS AVE
CITY-ST-ZIP	PALATKA FL
TITLE	VP <input type="checkbox"/> Delete
NAME	KERSLAKE, CLIFF
STREET ADDRESS	RT. 5 BOX 411
CITY-ST-ZIP	PALATKA FL
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	STREETS, ROSEMARY
STREET ADDRESS	RT. 6, BOX 120
CITY-ST-ZIP	PALATKA FL 32177
TITLE	S <input type="checkbox"/> Delete
NAME	GOODSON, DONNIE
STREET ADDRESS	RT 3 BOX 155
CITY-ST-ZIP	INTERLACHEN FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rochelle Edwards
STREET ADDRESS	Rt. 6 Box 120
CITY-ST-ZIP	Palatka, Fl 32177
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leon F. McKinnon 3/20/00 904-698-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Leon F. McKinnon** Date: _____ Daytime Phone #: _____

CR2E034 (9/99)