FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F85255 (0)

1. Corporation Name
PEACOCK FURNITURE, INC.

Principal Place of Business	Mailing Address
113 NORTH SUMMIT STREET CRESCENT CITY FL 32112	113 NORTH SUMMIT STREET CRESCENT CITY FL 32112

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1982
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2198730 ☐ 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

9. Name and Address of Current Registered Agent

PEACOCK, LENORA S
113 N SUMMIT STREET
CRESCENT CITY, FL
32112

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: Lenora S. Peacock Lenora S. Peacock March 10, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	PEACOCK, LENORA S	1.2 NAME	
STREET ADDRESS	244 S PROSPECT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	PEACOCK, EDWARD A JR	2.2 NAME	
STREET ADDRESS	113 N SUMMIT ST	2.3 STREET ADDRESS	798 W. Grand Rondo
CITY-ST-ZIP	CRESCENT CITY, FL 00000	2.4 CITY-ST-ZIP	Crescent City, Fl. 32112
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PEACOCK, EDWARD A	3.2 NAME	
STREET ADDRESS	244 S PROSPECT ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	PEACOCK, ROBERT D	4.2 NAME	
STREET ADDRESS	215 N PARK STREET	4.3 STREET ADDRESS	746 N. Park St.
CITY-ST-ZIP	CRESCENT CITY, FL 00000	4.4 CITY-ST-ZIP	Crescent City, Fl. 32112
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: Lenora S. Peacock, Sec-Treas Lenora S. Peacock March 10, 1995 904-698-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011542 CP