SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 G17172 (9) **DOCUMENT #** WHOLESALE SLEEP DISTRIBUTORS OF LAKE CITY, INC. Mailing Address Principal Place of Business RT 13 BOX 1229-B RT 13 BOX 1229-B LAKE CITY COUNTRY CLUB LAKE CITY COUNTRY CLUB LAKE CITY FL 32055 LAKE CITY FL 32055 3a. Date of Last Report 3. Date Incorporated or Qualified 12/31/1982 01/27/1995 4. FEI Number Applied For Mailing Address Principal Place of Business 2a. 2. 59-2241133 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032, Country Zφ Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 POTTLE, CHRIS RT 13 BOX 436 82 Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32055 83 Zip Code 85 City 84 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed manic of registered agent and title it applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TOLE THILE E034 POTTLE, CHRIS 1.2 NAME NAME FRONTAGE ROAD 13 STREET ADDRESS STREET ADDRESS LAKE CITY FL 14 CHY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 Tift.F TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP City-St-ZIP Change Addition DELETE 3 I TIFLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TETLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZiP CITY-ST-ZIP Change Addit on DELETE 51 HILE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS

I do hereby certify that the information supplied with this firing 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 ooth, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address

5.4 CITY - \$1 - 70F

6.4 CITY - \$1 - 7JP

6.1 HILE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-2IP

TITLE

AME OF SIGNING OFFICER ON DIRECTOR SIGNATURE AND TYPED OR PR

DELETE

Change Addition