

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

**APPROVED  
AND  
FILED**

**95 APR 11 PM 2:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G30788 (5)**

**1. Corporation Name  
SOUTHERN CONTRACT FURNITURE, INC.**

**Principal Place of Business Mailing Address**  
1031 MILLER DR. 1031 MILLER DR.  
ALTAMONTE SPGS. FL 32701-9031 ALTAMONTE SPGS. FL 32701-9031  
US US

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 03/29/1983** **3a. Date of Last Report 05/01/1994**

**4. FEI Number 59-2266742** **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

**2. Principal Place of Business 2a. Mailing Address**  
**21 392 Melody Lane 26 392 Melody Lane**

**Suite, Apt. #, etc. Suite, Apt. #, etc.**  
**22 27**

**City & State City & State**  
**23 Casselberry, FL 28 Casselberry, FL**

**Zip Country Zip Country**  
**24 32707 25 US 29 32707 30 US**

**9. Name and Address of Current Registered Agent**

**THEALL, THOMAS E.  
83 CAROLWOOD BLV.  
FERN PARK FL 32730**

**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 registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE SD**  
**NAME GOFF, J. LESLIE**  
**STREET ADDRESS 483 MONTGOMERY PLACE 101**  
**CITY - ST - ZIP ALTAMONTE SPRINGS FL**

**TITLE PD**  
**NAME THEALL, THOMAS E.**  
**STREET ADDRESS 83 CAROLWOOD LANE**  
**CITY - ST - ZIP FERN PARK FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**1 1 TITLE**  Change  Addition  
**1 2 NAME**  
**1 3 STREET ADDRESS**  
**1 4 CITY - ST - ZIP**  Change  Addition

**2 1 TITLE**  Change  Addition  
**2 2 NAME**  
**2 3 STREET ADDRESS**  
**2 4 CITY - ST - ZIP**

**3 1 TITLE**  Change  Addition  
**3 2 NAME**  
**3 3 STREET ADDRESS**  
**3 4 CITY - ST - ZIP**

**4 1 TITLE**  Change  Addition  
**4 2 NAME**  
**4 3 STREET ADDRESS**  
**4 4 CITY - ST - ZIP**

**5 1 TITLE**  Change  Addition  
**5 2 NAME**  
**5 3 STREET ADDRESS**  
**5 4 CITY - ST - ZIP**

**6 1 TITLE**  Change  Addition  
**6 2 NAME**  
**6 3 STREET ADDRESS**  
**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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE: *Thomas E. Theall, Pres.* Thomas E. Theall 4/7/95 (407) 834-3362**  
Date (Type or Print Name)