

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G64541** (7)
1. Corporation Name
FURNITURE SHOWCASE, INC.



Principal Place of Business 1485 MARKET ST TALLAHASSEE FL 32312 US	Mailing Address 3205 E LAKESHORE DR TALLAHASSEE FL 32312 US
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3. Date Incorporated or Qualified 10/11/1983	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2361279	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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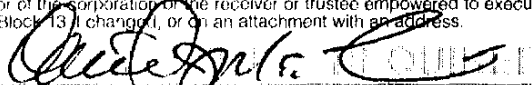
8. Name and Address of Current Registered Agent PENNINGTON, CARL R., JR. 3375-A NE CAPITAL CIRCLE P.O. BOX 13527 TALLAHASSEE FL 32317	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. 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 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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLAURIN, JUNE E.	1.2 NAME	
STREET ADDRESS	3205 E. LAKE SHORE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCLAURIN, DAVID J.	2.2 NAME	
STREET ADDRESS	3205 E. LAKE SHORE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCLAURIN, KENNETH	3.2 NAME	
STREET ADDRESS	RT 1, BOX 280	3.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE NC	3.4 CITY - ST - ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCLAURIN, SHEILA	4.2 NAME	
STREET ADDRESS	3205 E LAKESHORE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-97 904-894-1235
Date Daytime Phone #

CR2E034 (9/96)