

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

PROFIT
CORPORATION
ANNUAL REPORT -
1998



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

FILED
Feb 13 1998 8:00am
Secretary of State

DOCUMENT # **G93624** (6)

1. Corporation Name

CONNELL FURNITURE OF BELLE GLADE, INC.



Principal Place of Business

Mailing Address

**C/O RODNEY H. CONNELL
225 S.W. AVE. B
BELLE GLADE FL 33430**

**C/O RODNEY H. CONNELL
225 S.W. AVE. B
BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**CONNELL, RODNEY H.
225 S.W. AVE. B
BELLE GLADE FL 33430**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/28/1984

4. FEI Number

59-2395802

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CONNELL, RODNEY C	1.2 NAME	
STREET ADDRESS	17 NE AVENUE E	1.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	CONNELL, JOANNE K.	2.2 NAME	
STREET ADDRESS	959 SE THIRD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	2.4 CITY - ST - ZIP	
TITLE	TSD	3.1 TITLE	
NAME	CONNELL, KENT C	3.2 NAME	
STREET ADDRESS	984 SE 4TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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:

[Signature] **PRO** 2/7/98 (56) 991-245

CR2E034 (10/97)