

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

93 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H14715** (7)

1. Corporation Name

FREEDMAN OFFICE FURNITURE, INC.

Principal Place of Business

Mailing Address

3935 W. CYPRESS ST.
TAMPA FL 33607
US

3935 W. CYPRESS ST
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1984

3a. Date of Last Report
07/15/1994

4. FEI Number
59-2497230

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 or intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GOLD, AARON J.~~
~~703 SWANN AVE.~~
~~TAMPA FL 33606~~

~~Barnett, B. H. Kirkwood~~
~~Mike Miller~~
~~601 Bayshore Blvd.~~
~~TAMPA, FL 33606~~

81 Name

Michael D. Miller

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

601 Bayshore Blvd.

83

Suite 700

84 City

Tampa

FL

85

Zip Code
33606

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 (0505, Florida Statutes.

SIGNATURE

Michael D. Miller

4/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	FREEDMAN, STEVEN D.
STREET ADDRESS	4885 W. CYPRESS ST. <i>3935 W. Cypress St</i>
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	DP	☒ Change ☐ Addition
12 NAME	Freedman, Steven D.	
13 STREET ADDRESS	3935 W. Cypress Street	
14 CITY, ST, ZIP	Tampa, FL	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.02(3)(b), 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 both, in accordance with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/95

813-875-7775