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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K73071

(8)

WILSON'S N. C. FURNITURE, INC.

F	ILED	
May 01	1997	8:00am
Secret	ary of	State

Principal Place DONALD L. WI 9060 LEM TUR JACKSONVILLI	RNER ROAD	Mailing Address DONALD L. WILSON 9000 LEM TURNER ROV JACKSONVILLE FL 322							
						3. Date incorporated or Qualified 03/16/1989		of Last Re /1996	eport
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	-77		4. FEI Number	00101		plied For
21		26 Suite, Apt. #, etc.				59-2938214		~	t Applicable
22]			Since, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	Įč)	City & State				6. Election Campaign Financing	П	\$5.00	
23 Zip	Country	28	Cou	untry		Trust Fund Contribution 8. This corporation has liability for	_=	Added t	
24	25	29	30			Florida Statutes	Yes 🔲	No	. 100.002,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Ro	egistered Ag	ent	
	SON, DONALD L.			81 Na	me				
	O LEM TURNER RD CKSONVILLE FL 32208			82 Str	eet Addre	ess (P.O. Box Number is Not Accepta	ble)		
JAC	MOUNTLEE PL 32200			83			·····		,
				84 Cit			······································	85 Zip (Code
				1		oration submits this statement for the on's board of directors. I hereby acce	FL	1	
12.	Signed at type 1 or publied name of registered a OFFICERS AF	ND DIRECTORS	13.			d when reinstating) ADDITIONS/CHANGES TO OFFI		IRECTOR Change	S IN 12
NAME	WILSON, DONALD L.		1.1 ti				L	1 cuande	L., Addition
STREET ADORESS	1		1.3 \$	TREET ADOR	ess				
CHY+S*-21P	JACKSONVILLE FL								
	100	T DOLETE		ITY-ST-ZIP				T Change	Addition
THLE	VSD WILSON, LYNNE S.	☐ DELETE	2.1 To	ITLE				Change	Addition
	WILSON, LYNNE S.	DELETE	2.1 T/ 2.2 N	ITLE	ESS			Change	Addition
THLE NAME	WILSON, LYNNE S.		2.1 T/ 2.2 N 2.3 S	ITLE IAME	ESS				
THEE NAME STREET ADDRESS CHY-ST-ZIE TITLE	WILSON, LYNNE S. 9060 LEM TURNER RD	☐ DELETE	2.1 T/ 2.2 N 2.3 S 2.4 C 3.1 T/	ITLE IAME TREET ADDR CITY-ST-ZIP ITLE	ESS			Change	
THLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME	WILSON, LYNNE S. 9060 LEM TURNER RD JACKSONVILLE FL		2.1 T/ 2.2 A/ 2.3 S/ 2.4 C/ 3.1 T/ 3.2 N/	ITLE IAME TREET ADDR CITY-ST-ZIP ITLE IAME					
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and an officer or director of the corporation and that my name appears in Block 12 or Block 13 if change on an attachment with an address.

SIGNATURE:

AND TYPED ON PRINTED NAME OF BIGNING OFFICER ON DIRECTOR L. WILSON

0032008