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

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40546** **(4)**

1. Corporation Name

ASHLEY FURNITURE INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
ONE ASHLEY WAY ARCADIA WI 54612	ONE ASHLEY WAY ARCADIA WI 54612

3. Date Incorporated or Qualified: **09/16/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **39-1141201** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	WANEK, RONALD G.	1.2 NAME	
STREET ADDRESS	417 KING ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA WI	1.4 CITY-ST-ZIP	
TITLE	VDS	2.1 TITLE	☐ Change ☐ Addition
NAME	VOGEL, CHARLES H. E.	2.2 NAME	
STREET ADDRESS	W. 7477 NORTHSHORE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ONALASKA WI	2.4 CITY-ST-ZIP	
TITLE	PDT	3.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, ROBERT J.	3.2 NAME	
STREET ADDRESS	2154 GRANDVIEW BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ONALASKA WI	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	WANEK TODD R	4.2 NAME	
STREET ADDRESS	RT 4	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA WI	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	☐ Change ☐ Addition
NAME	BARCLAY RICHARD V	5.2 NAME	
STREET ADDRESS	N5479 COUNTY TRUNK ZM	5.3 STREET ADDRESS	
CITY-ST-ZIP	ONALASKA WI	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	RIPPLEY PAULETTE W	6.2 NAME	
STREET ADDRESS	RT 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA WI	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 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: Richard Barclay 4-24-95 608-323-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard Barclay

0480378 FN