

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 APR 17 PH 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V32521** (9)

1. Corporation Name
ROGER'S HOUSE OF FURNITURE, INC.

Principal Place of Business Mailing Address

7462 PALM RIVER ROAD TAMPA FL 33619 **7462 PALM RIVER ROAD TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/27/1992		3a. Date of Last Report 04/19/1994	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 59-3124793	
Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	8. This corporation has liability for intangible tax under S. 199 Q32, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATSON, ROGER 7462 PALM RIVER ROAD TAMPA FL 33619				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, FAY B.	1.2 NAME	<i>No change</i>
STREET ADDRESS	7462 PALM RIVER RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, STEVE R.	2.2 NAME	<i>No change</i>
STREET ADDRESS	7462 PALM RIVER RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, ROGER, JR.	3.2 NAME	<i>No change</i>
STREET ADDRESS	7462 PALM RIVER RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, ROGER	4.2 NAME	<i>No change</i>
STREET ADDRESS	7462 PALM RIVER RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, DANA	5.2 NAME	<i>No change</i>
STREET ADDRESS	7462 PALM RIVER RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *RO Matson Sr.* Date: 4/12/95 Daytime Phone #: 813-621-6876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Name Daytime Phone #

ROGER MATSON