

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY -1 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V46703** (7)

1. Corporation Name  
**UNFINISHED FURNITURE GALLERY, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8061 N. DAVIS HWY  
PENSACOLA FL 32514  
US**  
Mailing Address: **4811 BURLINGTON CT  
ACWORTH GA 32102  
US**

3. Date Incorporated or Qualified: **06/21/1992**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
State, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

4. FEI Number: **59-3131420**  
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. 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**RAY, KIEVIT & KELLY  
15 W MAIN ST  
PENSACOLA FL 32501**

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 607.05(2) and 607.1308, 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 607.05(5), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

PT	<b>O'NEIL, DAVID</b>
NAME	<b>4811 BURLINGTON CT. ACWORTH GA</b>
STREET ADDRESS	
CITY, STATE, ZIP	
PT	<b>O'NEIL, KATHY</b>
NAME	<b>4811 BURLINGTON CT. ACWORTH GA</b>
STREET ADDRESS	
CITY, STATE, ZIP	
PT	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
PT	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
PT	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, STATE, ZIP	
15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, STATE, ZIP	
19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, STATE, ZIP	
23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, STATE, ZIP	
27. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims that equally for the assumption stated in Section 190.032(8)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 focus of the report composed for example this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or any attachment thereto as indicated.

SIGNATURE: *DAVID O'NEIL* 4/12/95 4811 Burlington Ct  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR