

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V46703** (7)

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



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: **05/01/1995**  
4. FEI Number: **59-3131420**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 Max 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: **21**  
2a. Mailing Address: **26 4200 Wade Green Rd. #3**  
Suite, Apt. #, etc.: **27 Suite 265**  
City & State: **28 Kennesaw GA**  
Zip: **29 30144** Country: **30 US**

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 607.0502 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's signature required when transferring) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PT</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>O'NEIL, DAVID</b>	1.1 TITLE: <b>PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>GAVALAS, JOE</b>
STREET ADDRESS: <b>4811 BURLINGTON CT.</b>	CITY-ST-ZIP: <b>ACWORTH GA</b>	1.3 STREET ADDRESS: <b>102 Fairground St.</b>	1.4 CITY-ST-ZIP: <b>Marietta GA 30060</b>
TITLE: <b>S</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>O'NEIL, KATHY</b>	2.1 TITLE: <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>GAVALAS, DONNIS</b>
STREET ADDRESS: <b>4811 BURLINGTON CT.</b>	CITY-ST-ZIP: <b>ACWORTH GA</b>	2.3 STREET ADDRESS: <b>102 Fairground St.</b>	2.4 CITY-ST-ZIP: <b>Marietta GA 30060</b>
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	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)(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: **Donnis Gavalas** *Donnis Gavalas* **3/29/96** **770-422-5899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)