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Jan 15 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4200 WADE GREEN ROAD. #3 SUITE 265 KENNESAW GA 30144-1237 US

3. Date Incorporated or Qualified 06/21/1992 3a. Date of Last Report 04/03/1996 4. FEI Number 59-3131420 Applied For Not Applicable 5. Certificate of Status Desired [X] \$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 [X] Yes [] No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, KIEVIT & KELLY 15 W MAIN ST PENSACOLA FL 32501

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 Signature type for printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS PT GAVALAS, JOE 102 FAIRGROUND ST MARIETTA GA S GAVALAS, DONNIS 102 FAIRGROUND ST MARIETTA GA [] DELETE [] DELETE [] DELETE [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Change [X] Addition [] 1.2 NAME DAVID O'NEIL 1.3 STREET ADDRESS 4200 WADE GREEN RD #3, SUITE 265 1.4 CITY-ST-ZIP KENNESAW GA 30144 2.1 TITLE [] Change [] Addition [] 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [] Change [] Addition [] 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [] Change [] Addition [] 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [] Change [] Addition [] 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [] Change [] Addition [] 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 770-427-5499 Date Daytime Phone #

CR2E034 (9/96)