FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 113571 (4)MCFARLAND FURNITURE INCORPORATED Principal Place of Business Mailing Address 1193 N HALIFAX AVE. 1193 N HALIFAX AVE. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1927 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MCFARLAND.JAMES D 1193 N HALIFAX AVE. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32018 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 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, and accept the objections of Section 607,0508 Florida Statutes. office or registered agent, or both, in the State of Fiorida agent, I am familiar with and accept the obligations of S SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGE AND DIRECTORS IN 12 13. 12 DELETE Change 1.1 TITLE MCFARLAND, JAMES D 1.2 NAME 1193 N. HALIFAX 1.3 STREET ADDRESS STREET ADDRESS W. HALIFA DAYTONA BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP AYTONA DELETE ___ Change ___ Addition 21 TITLE TITLE WELSHINGER, PAULINE M 2.2 NAME NAME 115 LENOX AVE. 2.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 2, 4 CITY-ST-ZIP CITY - ST-ZIP DELETE Спалде Addition TITLE 3.1 TITLE WELSHINGER, C.T. 3.2 NAME 115 LENOX AVE. 3,3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS

14. I 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 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS** Change

Addition

DELETE

City-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME