

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90049 027 \*\*\*158.75

DOCUMENT # 124252

1. Corporation Name

LARMON FURNITURE INC

Principal Place of Business

C/O JIMMY KALAMARAS  
1324 EAST 7TH AVENUE  
TAMPA FL 33605

Mailing Address

C/O JIMMY KALAMARAS  
1324 EAST 7TH AVENUE  
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1931

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

KALAMARAS, JIMMY  
1324 EAST 7TH AVE.  
TAMPA, 33605

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

*Jimmy Kalamaras*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME KALAMARAS, JIMMY  
STREET ADDRESS 3318 W BARCELONA  
CITY-ST-ZIP TAMPA FL

TITLE SVD ☒ DELETE  
NAME SMITH, CHERYL LARMON  
STREET ADDRESS 1910 ARDSLEY STREET  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME KALAMARAS, ELIZABETH L  
STREET ADDRESS 3318 W BARCELONA  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE  
NAME SMITH, DONALD A., JR.  
STREET ADDRESS 1910 ARDSLEY STREET  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Treasurer, Secretary, Director ☒ Change ☒ Addition  
1.2 NAME Jimmy Kalamaras  
1.3 STREET ADDRESS 1324 E. 7th Ave  
1.4 CITY-ST-ZIP Tampa FL 33605

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Vice President & Director ☒ Change ☒ Addition  
3.2 NAME Elizabeth L. Kalamaras  
3.3 STREET ADDRESS 1324 E. 7th Ave  
3.4 CITY-ST-ZIP Tampa FL 33605

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 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, with all other like empowered.

SIGNATURE:

*Jimmy Kalamaras*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

813-247-4711

Daytime Phone #

Ext 17

CR2E034 (11/98)