SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 8/6/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **132374** **(0)**

1. Corporation Name
CLARK'S FURNITURE-CARPETING, INC.

Principal Place of Business
111 W. Georgia Ave.
~~120 S. WOODLAND BLVD.~~
DELAND FL 32720

Mailing Address
111 W. Georgia Av.
~~120 S. WOODLAND BLVD.~~
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1936
3a. Date of Last Report: 04/19/1994

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

4. FEI Number: 59-0424697 ☐ 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. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK,GEORGE
~~120 SOUTH WOODLAND BOULEVARD~~
DELAND FL ~~32024~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): 111 W. Georgia Ave.
83
84 City: Deland **FL** 85 Zip Code: 32720

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	☒ Change ☐ Addition
NAME	CLARK, BLANCHE	1.2 NAME	
STREET ADDRESS	~~120 SO WOODLAND BLVD~~	1.3 STREET ADDRESS	111 W. Georgia Ave.
CITY-ST-ZIP	~~DELAND, FL 00000~~	1.4 CITY-ST-ZIP	Deland, FL 32720
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	CLARK, GEORGE	2.2 NAME	
STREET ADDRESS	~~120 SO. WOODLAND BLVD~~	2.3 STREET ADDRESS	111 W. Georgia Ave.
CITY-ST-ZIP	~~DELAND, FL 00000~~	2.4 CITY-ST-ZIP	Deland, FL 32720
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MARY T.	3.2 NAME	
STREET ADDRESS	406 S ORANGE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: George Clark 7/12/95 (904) 734-6164
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE CLARK, PRES.

0131620 FF