

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 143478

(6)

1. Corporation Name

J.J. CATER FURNITURE COMPANY

Principal Place of Business

**P.O. BOX 12247
LAKE PARK FL 33403**

Mailing Address

**P.O. BOX 12247
LAKE PARK FL 33403**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1944

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0188040

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**CATER JR, JOHN J
1800 OLD DUKE HWY
RIVERA BEACH FL 33404**

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

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	PD
NAME	CATER JR, JOHN J
STREET ADDRESS	3080 MIRO DR.
CITY - ST - ZIP	PALM BCH. GARDENS FL
TITLE	VD
NAME	CATER, JUANITA P.
STREET ADDRESS	3080 MIRO DR.
CITY - ST - ZIP	PALM BCH. GARDENS FL
TITLE	STD
NAME	EICHENBERGER, D.R.
STREET ADDRESS	408 ILEX DR.
CITY - ST - ZIP	LAKE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	Cater Jr, John J	
1.3 STREET ADDRESS	2649 Tecumseh Dr.	
1.4 CITY - ST - ZIP	West Palm Beach, FL	
2.1 TITLE	VD	☐ Change ☐ Addition
2.2 NAME	Cater, Juanita P.	
2.3 STREET ADDRESS	2649 Tecumseh Dr.	
2.4 CITY - ST - ZIP	West Palm Beach, FL	
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 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:

D.R. Eichenberger 4/15/95 4078404658
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR