

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

**APPROVED  
AND  
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**95 MAR -1 PM 4:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
CORPORATION  
DIVISION OF CORPORATIONS

**DOCUMENT # 147802 (3)**

**MCCRANIE FURNITURE CO INC**

**Principal Place of Business Mailing Address  
1951 BLANDING BLVD 1951 BLANDING BLVD  
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

**3. Date incorporated or Qualified 07/11/1946 3a. Date of Last Report 03/10/1994**

**4. FEI Number 59-0552185 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 2a. Mailing Address**  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MCCRANIE, J J III  
1951 BLANDING BLVD.  
JACKSONVILLE FL 32210**

**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** (Print or type full name of registered agent and FEI number) (Print Registered Agent signature required when necessary) **DATE**

**12. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MCCRANIE, J. J.III
STREET ADDRESS	1951 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S
NAME	MCCRANIE, J BRUCE
STREET ADDRESS	1951 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	MCCRANIE, J BRUCE
STREET ADDRESS	1951 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and does not equally for the registration stated in Section 119.03(6)(b), Florida Statutes. I further certify that the information enclosed as the annual report or supplied with 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 as an attachment with an address.**

**SIGNATURE: J. J. MCCRANIE, III**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**21 Feb 95 904-389-2059**  
DATE TELEPHONE NUMBER