SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

168575

**COLLAR FURNITURE MANUFACTURING COMPANY** 

HIED

98 AUP - 2 AM 8: 46



| Principal Plac   | e of <b>Bus</b> iness  | Mailing Address               | Mailing Address |   |  |  |                        |  |
|--|--|-------------------------------|-----------------|---|--|--|------------------------|--|
| 27144 S.R. 33<br>P.O. BOX 497  |  | 27144 S.R. 33<br>P.O. BOX 497 |                 |   |  |  |                        |  |
| OKAHUMPKA FL 34782   |  | OKAHUMPKA FL 34762            |                 |   |  | DO NOT WRITE IN THIS SPACE   |                        |  |
|  |  |                               |                 |   |  | 3. Date Incorporated or Qualified 04/07/1952   |                        |  |
| 2. Principal Place of Business 2a. Mailing Addr  |  |                               | ss              |   |  |  | pplied For             |  |
| 21   | · · · · · · · · · · · · · · · · · · ·  | 26                            |                 |   |  |  | ot Applicable          |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc. [27]      |                 |   |  | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |                        |  |
| City & Stat  | e  | City & State                  |                 |   |  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  |                        |  |
| Zip Country  |  | Zip Country                   |                 |   | 8. This corporation owes or has paid the current year In |  |                        |  |
| 24   | 25   | 29                            | 30              |   |  |  | No                     |  |
|  | 9. Name and Address of Curren  | t Registered Agent            |                 | الهو                                      | Name   | 10. Name and Address of New Registered Agent   |                        |  |
| COLLAR, HENRY N.   |  |                               |                 | 81  | Name   |  |                        |  |
| 1535 NORMANDY WAY<br>LEESBURG FL 34748   |  |                               | ļ               | 82  | 2 Street Address (P.O. Box Number is Not Acceptable)     |  |                        |  |
|  |  |                               |                 | 83  | <del></del>  |  |                        |  |
|  |  |                               | •               | 84  | City   | <b>₽.</b> 85 Zip   | Code                   |  |
|  |  |                               | J               | ] .                                       |  | <u> </u>   |                        |  |
| office or  | t to th <b>e p</b> rovisions of sections 607.0502<br>regist <b>ere</b> d agent, or both, in the State<br>am familiar with, and accept the obliga | of Florida. Such change was   | authorized      | i by ti                                   | amed corpo<br>he corporati                               | ration submits this statement for the purpose of changing its re<br>on's board of directors. I hereby accept the appointment as re | egistered<br>egistered |  |
| SIGNATURE  | <u> </u>   |                               |                 |   |  |  |                        |  |
| Signature, typed or printed name of registered agent and little if applicable [NO]  12. OFFICERS AND DIRECTORS |  |                               |                 | f. Registered Agent signature require 13. |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                        |  |
| TITLE  | CTD  | DECETE                        | 1.1 TIT         | <br>LF                                    |  |  |                        |  |
| NAME   | COLLAR, JOHN L   | [ ] District                  | 1.2 NAI         |   | •  | 600002608  | TOC SOCION             |  |
| STREET ADDRESS   | 2710 JEFFERSON STREET  |                               | 1.3 STR         | REET AL                                   | DDRESS   | -08/06/980 <b>10</b> 05(   |                        |  |
| CITY-ST-ZIP  | AUSTELL GA   |                               | 1,4 CIT         |   | _  | 30001 ****150.00 *****1  | 50.00                  |  |
| TITLE  | PD   | DELETE                        | 2.17111         |   | <b>-</b>   | Change   | Addition               |  |
| NAME   | COLLAR, HENRY N.   |                               | 2,2 NAI         | ME  |  |  |                        |  |
| STREET ADDRESS   | 1535 S NORMANDY WAY  |                               | 2.3 STR         | REETAL                                    | DDRESS   | •  |                        |  |
| CITY-ST-ZIP  | LEESBURG, FL 00000   |                               | 2.4 CIT         | Y ST(2                                    | B  | 34748  |                        |  |
| TITLE  | SD   | DELETE                        | 3.1 TIT         | LE  |  | Channe   | Addition               |  |
| NAME   | COLLAR, C H, JR  |                               | 3.2 NA          | ME  | _  |  |                        |  |
| STREET ADDRESS   | 5 PINE COURT   |                               |                 |   | DDRESS   |  | ::                     |  |
| CITY-ST-ZIP  | YALAHA, FL 00000   | print.                        | 3.4 CIT         |   | <b>9</b>   | 34797  |                        |  |
| TITLE  | 00445 400445   | DELETE                        | 4.1 TITI        |   |  | Change   | Alsowon                |  |
| NAME   | COLLAR, WILLIAM F.   |                               | 4.2 NA          |   |  |  |                        |  |
| STREET ADDRESS   | 2721 COUNTY LINE ROAD  |                               |                 |   | DDRESS   | 2.10.1   |                        |  |
| CITY-ST-ZIP  | ACWORTH GA   | <del>".</del>                 |                 | Y ST                                      | ツーー  | 30101  | <del></del>            |  |
| TITLE  |  | [ ] DELETE                    | 5.1 TITL        |   |  | Change   | Addition               |  |
| NAME<br>STREET ADDRESS   |  |                               | 5.2 NAM         |   | DORESS   | J N D  |                        |  |
|  |  |                               | l               |   |  | 90, 5 1  |                        |  |
| CITY-ST-ZIP<br>TITLE   |  | DELETE                        | 5.4 CIT         |   | <u> </u>   |  | Address                |  |
| NAME   |  | [_] DELETE                    | 6.2 NAM         |   | ļ  | <b>Û</b> ∟ Change  | Addition               |  |
| STREET ADDRESS   |  |                               |                 |   | DDRESS   |  |                        |  |
| O'THEET PLOTTED  |  |                               | 0.3 O I K       | e c i Mi                                  | DONESS   |  | 1                      |  |

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 supplimental 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.

well in PRE

7/22/60