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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **172754** **(4)**

1. Corporation Name

HIGDON FURNITURE CO

Principal Place of Business

130 N VIRGINIA STREET
P O BOX 1739
QUINCY FL 32351
US

Mailing Address

J W HIGDON
P O BOX 1739
QUINCY FL 32353

2. Principal Place of Business

21 130 N. Virginia Street
Suite, Apt. #, etc.
22
City & State
23 Quincy, Florida
Zip 24 32351 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/18/1953

3a. Date of Last Report: 04/24/1995

4. FEI Number: 59-0802455 [ ] 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 [X] Yes [ ] No

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

CURRY, JOHN SHAW
208 N ADAMS ST
QUINCY FL 32351

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 of or typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature are required for filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	HIGDON J WARREN 111	
STREET ADDRESS	130 N.VIRGINIA ST.	
CITY-ST-ZIP	QUINCY FL	
TITLE	STC	[ ] DELETE
NAME	HIGDON, J.W. JR.	
STREET ADDRESS	130 N.VIRGINIA ST.	
CITY-ST-ZIP	QUINCY FL	
TITLE	V	[ ] DELETE
NAME	HIGDON, RALPH W	
STREET ADDRESS	130 N VIRGINIA ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	[ ] DELETE
NAME	CURRY, JOHN SHAW	
STREET ADDRESS	331 N. MONROE STREET	
CITY-ST-ZIP	QUINCY 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	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

CR2E034 (12/95)

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)(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 any address.

SIGNATURE: Joseph W. Higdon Jr. 4-01-96 904-627-7564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #