

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 172754

(4)

1. Corporation Name

HIGDON FURNITURE CO

Principal Place of Business

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

Mailing Address

J W HIGDON
P O BOX 1739
QUINCY FL 32353-1739

2. Principal Place of Business

21 130 N. Virginia St.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

23 Quincy, Florida

28

Zip

24 32351

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

CURRY, JOHN SHAW
208 N ADAMS ST
QUINCY FL 32351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 65 Zip Code

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGDON J WARREN 111	1.2 NAME	
STREET ADDRESS	130 N. VIRGINIA ST.	1.3 STREET ADDRESS	
CITY, ST, ZIP	QUINCY FL	1.4 CITY-ST-ZIP	
TITLE	STC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGDON, J.W. JR.	2.2 NAME	
STREET ADDRESS	130 N. VIRGINIA ST.	2.3 STREET ADDRESS	
CITY, ST, ZIP	QUINCY FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGDON, RALPH W	3.2 NAME	
STREET ADDRESS	130 N. VIRGINIA ST	3.3 STREET ADDRESS	
CITY, ST, ZIP	QUINCY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, JOHN SHAW	4.2 NAME	
STREET ADDRESS	331 N. MONROE STREET	4.3 STREET ADDRESS	
CITY, ST, ZIP	QUINCY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:

Joseph W. Jr. Higdon
SKINNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

904-623-5564

Date

Daytime Phone #

0051428

CR2E034 (9/96)