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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **208723** **(7)**

1. Corporation Name

**GATEWAY FURNITURE, INC.**

Principal Place of Business
**5143 BROAD ST.**
**BROOKSVILLE FL 34605**

Mailing Address
**5143 BROAD ST.**
**BROOKSVILLE FL 34605**

3. Date Incorporated or Qualified: **01/02/1958**
3a. Date of Last Report: **09/18/1995**
4. FEI Number: **59-0819743** [ ] 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. Has corporation had liability for intangible tax under s. 199.032, Fla. St.? [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 925
Suite, Apt. #, etc.
27
City & State
28 Brooksville, FL
Zip 29 34605-0925 Country 30

9. Name and Address of Current Registered Agent

**EAGAN,ARDITH B**
**5185 BROAD ST**
**BROOKSVILLE FL 34605**

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 607.0505, 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. Said corporation is currently a Florida corporation and is the entity named in paragraph 1 of this report. The corporation has previously, or hereby, accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | VSD | [ ] DELETE |
| NAME | EAGAN, LOIS | |
| STREET ADDRESS | 920 BUENA VISTA AVE. | |
| CITY-ST-ZIP | BROOKSVILLE FL 34605 | |
| TITLE | PTD | [ ] DELETE |
| NAME | EAGAN,ARDITH B | |
| STREET ADDRESS | 5185 BROAD ST. | |
| CITY-ST-ZIP | BROOKSVILLE FL 34605 | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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. TITLE | [ ] Change [ ] Addition |
| 1. NAME | |
| 1. STREET ADDRESS | |
| 1. CITY-ST-ZIP | |
| 2. TITLE | [ ] Change [ ] Addition |
| 2. NAME | |
| 2. STREET ADDRESS | |
| 2. CITY-ST-ZIP | |
| 3. TITLE | [ ] Change [ ] Addition |
| 3. NAME | |
| 3. STREET ADDRESS | |
| 3. CITY-ST-ZIP | |
| 4. TITLE | [ ] Change [ ] Addition |
| 4. NAME | |
| 4. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 5. TITLE | [ ] Change [ ] Addition |
| 5. NAME | |
| 5. STREET ADDRESS | |
| 5. CITY-ST-ZIP | |
| 6. TITLE | [ ] Change [ ] Addition |
| 6. NAME | |
| 6. STREET ADDRESS | |
| 6. CITY-ST-ZIP | |

14. I do hereby certify that the information supplied within this Report is voluntary, 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 is added in Block 13 with a title.

**SIGNATURE:** Lois Eagan — Lois Eagan — 3-28-96 — (352) 796-3125

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)