

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 3:15

DOCUMENT # 216040

(6)

1. Corporation Name

MILES FURNITURE COMPANY

Principal Place of Business

W E CAMPBELL
5109 BAYOU BLVD.
PENSACOLA FL 32503

Mailing Address

W E CAMPBELL
5109 BAYOU BLVD.
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/03/1958

3a. Date of Last Report

03/25/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-0842162

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, W E
104 NORTHCLIFFE DRIVE
GULF BREEZE FL 32561

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

CAMPBELL, W.E.

STREET ADDRESS

104 NORTHCLIFFE DRIVE

CITY- ST- ZIP

GULF BREEZE FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

VD

NAME

SLAUGHTER, WILLIAM

STREET ADDRESS

1148 BROADWAY

CITY- ST- ZIP

COLUMBUS GA

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

V

NAME

CAMPBELL, WILLIAM E. JR.

STREET ADDRESS

5109 BAYOU BLVD

CITY- ST- ZIP

PENSACOLA FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE

D

NAME

HENSLEE, MILES L.

STREET ADDRESS

1148 BROADWAY

CITY- ST- ZIP

COLUMBUS GA

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE

ST

NAME

SWIFT, CLIFFORD

STREET ADDRESS

1148 BROADWAY

CITY- ST- ZIP

COLUMBUS GA

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

ST
Sherrer, H. Randolph
1148 Broadway
Columbus, Ga.

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 110.07(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 an address.

SIGNATURE: W. E. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-95

(904) 476-1215