

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 239784 (2)

1. Corporation Name

FLORIDA SPRING BED MFG. CO. OF JACKSONVILLE, INC



Principal Place of Business

6525 BEACH BOULEVARD
JACKSONVILLE FL 32216
US

Mailing Address

6525 BEACH BLVD.
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified
08/27/1960

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-0904862

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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONSELL, MINNIE A
6525 BEACH BOULEVARD
JACKSONVILLE FL 32216

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 title if applicable

(If Other Registered Agent Signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ~~XX~~ DELETE
NAME PONSELL, SOPHIA S
STREET ADDRESS 6525 BEACH BLVD
CITY - ST - ZIP JACKSONVILLE FL

1.1 TITLE SD ~~XX~~ Change ☐ Addition
1.2 NAME SHIRLEY A. BRASWELL
1.3 STREET ADDRESS 6525 BEACH BLVD.
1.4 CITY - ST - ZIP JACKSONVILLE, FL. 32216

TITLE D ~~XX~~ DELETE
NAME RICE, FREDERICK L.
STREET ADDRESS 108 KING STREET
CITY - ST - ZIP ST. AUGUSTINE FL

2.1 TITLE D ~~XX~~ Change ☐ Addition
2.2 NAME TANYA BRASWELL
2.3 STREET ADDRESS 6525 BEACH BLVD.
2.4 CITY - ST - ZIP JACKSONVILLE, FLA. 32216

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
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 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 an address.

SIGNATURE:

Minnie A. Ponsell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MINNIE A. PONSELL - PRESIDENT

4-36-96

Date

904-725-7588

Daytime Phone #

CR2E034 (12/95)