

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 # 256953 (1)  
1. Corporation Name  
MOCK FURNITURE COMPANY



Principal Place of Business Mailing Address  
2012 BLANDING AVENUE 2012 BLANDING AVENUE  
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210

3. Date Incorporated or Qualified 03/15/1962 3a. Date of Last Report 04/28/1995  
4. FEI Number 59-0950836 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 Zip 26 Country  
27 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELGER, JAMES, D  
2012 BLANDING BLVD  
JACKSONVILLE FL 32210

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.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCK, ALMA M	1.2 NAME	
STREET ADDRESS	2012 BLANDIN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELGER, JAMES, D	2.2 NAME	
STREET ADDRESS	2012 BLANDIN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELGER, FRANCES S	3.2 NAME	
STREET ADDRESS	2012 BLANDIN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY JR, H R	4.2 NAME	
STREET ADDRESS	2012 BLANDIN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCK JR, J M	5.2 NAME	
STREET ADDRESS	2012 BLANDIN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-26-96 904-389-8896

CR2E034 (12/95)