FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 262596 **(0)**

1. Corporation Name
LOYD TINGLER FURNITURE, INC.

Principal Place of Business
8010 US HIGHWAY 19 NORTH
PINELLAS PARK FL 34665

Mailing Address
8010 US HIGHWAY 19 NORTH
PINELLAS PARK FL 34665

3. Date Incorporated or Qualified: 09/11/1962
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0975877 ☐ 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	26 8800 60th St. N
Suite, Apt. # etc.	Suite, Apt. # etc.
22	27
City & State	City & State
23	28 Pinellas Park, Fla.
Zip 24 / County 25	Zip 29 34666 / County 30 Pinellas

9. Name and Address of Current Registered Agent

TINGLER, CHARLES L.
8800 60TH STREET
PINELLAS PARK FL 34666

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 607.1508, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TINGLER, CHARLES L.
STREET ADDRESS	8800 60TH ST.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	VSD
NAME	TINGLER, ARLENE P.
STREET ADDRESS	3611 93RD AVE., N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	TD
NAME	TRIMBLE, RALPH W.
STREET ADDRESS	6187 25TH AVE., N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on the 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: Charles L Tingler, Pres. CHARLES L. TINGLER 4-23-95 (813) 546 5957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #