

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90128 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 262596

1. Corporation Name
LOYD TINGLER FURNITURE, INC.



Principal Place of Business 8800 60TH ST N PINELLAS PARK FL 34666 US	Mailing Address 8800 NORTH 60TH STREET PINELLAS PARK FL 34666 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3611 93rd Ave. No.		2a. Mailing Address 26 3611 93rd Ave. No.		3. Date Incorporated or Qualified 09/11/1962	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0975877	
City & State 23 Pinellas Park, FL		City & State 28 Pinellas Park, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33782		Zip 29 33782		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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) 3611 93rd Avenue North 83 84 City Pinellas Park		85 Zip Code 33782	
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11. Pursuant to the provisions of Sections 607.0501 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: Charles L. Tingler 4-24-99
Signature, typed or printed for me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	TINGLER, CHARLES L.	1.1 TITLE TINGLER, CHARLES L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TINGLER, CHARLES L.		1.2 NAME TINGLER, CHARLES L.	
STREET ADDRESS 8800 60TH ST N		1.3 STREET ADDRESS 8800 60TH ST N	
CITY-ST-ZIP PINELLAS PARK FL		1.4 CITY-ST-ZIP PINELLAS PARK FL	
TITLE VSD	TINGLER, ARLENE P.	2.1 TITLE TINGLER, ARLENE P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TINGLER, ARLENE P.		2.2 NAME TINGLER, ARLENE P.	
STREET ADDRESS 3611 93RD AVE., N.		2.3 STREET ADDRESS 3611 93RD AVE., N.	
CITY-ST-ZIP PINELLAS PARK FL		2.4 CITY-ST-ZIP PINELLAS PARK FL	
TITLE TD	TRIMBLE, RALPH W.	3.1 TITLE TRIMBLE, RALPH W.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRIMBLE, RALPH W.		3.2 NAME TRIMBLE, RALPH W.	
STREET ADDRESS 6187 25TH AVE., N.		3.3 STREET ADDRESS 6187 25TH AVE., N.	
CITY-ST-ZIP ST. PETERSBURG FL		3.4 CITY-ST-ZIP ST. PETERSBURG FL	
TITLE 		4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		4.2 NAME 	
STREET ADDRESS 		4.3 STREET ADDRESS 	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP 	
TITLE 		5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 	
TITLE 		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Charles L. Tingler 4-24-99 813-546-5957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)