

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 # 293845 (4)

1. Corporation Name:

BEDLAND FURNITURE INC



Principal Place of Business

Mailing Address

6315 S MAGNOLIA AVE  
PO BOX 574  
OCALA FL 34478  
US

6315 S MAGNOLIA AVE  
PO BOX 574  
OCALA FL 34478  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMPSON, J.H.  
6315 S MAGNOLIA AVE  
OCALA FL 32674

81 Name Robert E. Sampson  
82 Street Address (P.O. Box Number is Not Acceptable)  
6315 S. Magnolia Ave.  
83  
84 City Ocala FL 85 Zip Code 34474

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 Robert E. Sampson

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE V ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SAMPSON, ROBERT E.  
STREET ADDRESS 6315 S MAGNOLIA AVE  
CITY-STATE-ZIP Ocala FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

12.2 TITLE P ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SAMPSON, J.H.  
STREET ADDRESS 6315 S MAGNOLIA AVE  
CITY-STATE-ZIP Ocala FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

12.3 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

12.4 TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

12.5 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

12.6 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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: Robert E. Sampson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96 904-237-8968  
Date Daytime Phone #

CR2E034 (12/95)