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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # Corporation Name	293845
BEDLAND FURNITU	IRE. INC.

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Principal Place	e of Business	Mail ng Address			WINI  \$1011 BINI WINI WINI WINI N	
6315 S MAGNOLIA AVE P.O. BOX 574 PO BOX 574 OCALA FL 34478 US US			DO NOT WRITE IN THIS SPACE			
US				! 3. Date Incorporated or Qualified <b>06/11/1965</b>		
2. Principal P	lace of Business	2a. Mailing Address		4. ££1 Number	Applied For	
21		26		59-1100451	Not Applicable	
Suite Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired [ ]	\$8.75 Additional	
22		27			Fee Required	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year I		
24	[25]	29	30	Personal Property Tax.	[   Yes [   No	
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registere	d Agent	
6315	ERT E. SAMPSON 5 S. MAGNOLIA AVE. LA FL 34474	Registered Agent	81 Name Eliz 82 Street Addre 631 83 R4 City	eabeth S. Sampson-Letuss (P.O. Box Number is NodAcceptable) 15 S. Magnolia Ave	orecht	
		Y (ren		ca\a F	L 34474	
office or re	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida Such change was au	thorized by Inc corporation	ration submits this statement for the purpose in in subound of directors of hereby accept the app	ointment as registered	
SIGNATURE	Signature in ped or pointed in a standard and a	WHE I TENDER OF THE PLANTER	Replaced Agent sopials to required	er Ills	<i>,1</i> 55	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12	
TITLE	P	[] DELETE	11 THE 🚘 🕻		Change [] Addition	
NAME	SAMPSON-LAMBRECHT, ELIZABI	EIH S.	1	GAMPSOW- <u>LE</u> BRECHT, ELIZABETH 6315 S MAGNOLIA AVE	s. (name misspelled)	
STREET ADDRESS	6315 S MAGNOLIA AVE OCALA FL 34474			SCALA, FL 34474	misspenie	
City-\$t-zip Title	OOALA I C OTTI	[ ] DELETE	14 00 1/31 21/	VB	[   Change     (Addition	
NAME				JAMES E. LEBRECHT	<i>r</i>	
STREET ADDRESS				6315 S MAGNOLIA ME		
CITY-ST-ZIP		and garantees	2.4 001 - 51 - 76	OCALA, FL 34474		
TITU!		[ ] DELETE	3 I THEF	20000220	[_] Change [_] Adduton	
NAME			3.2 NAME	30000280 -03/15/99-	-01159014	
STEET ADDRESS			33 STREE FADERESS	****150.0		
CITY-ST-ZIP		[ ] DELETE	34 C(1)-S1-Z(F)		[   Change   [ ] Addition	
NAME			4 2 NAME		2,1- 3 2,1-	
STREET ADORESS			43 STREET ADORESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		[   DELETE	5 I TITLE		[   Change   [   Addition	
NAME			52 NAME	(/		
STREET ADDRESS			53 STREET ACORESS	(	$\mathcal{X} \cup \mathcal{X} \cup \mathcal{X}$	
CITY-ST-ZIP			5.4 CITY-\$1-2IP	1	11 3/	

14. Thereby 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 logal effect as if made under path; 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.

63 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS



1115/5

352-231-0808