

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

0490418

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 293845

Corporation Name
BEDLAND FURNITURE, INC.

Principal Place of Business
6315 S MAGNOLIA AVE
PO BOX 574
OCALA FL 34478
US

Mailing Address
P.O. BOX 574
OCALA FL 34478
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country

26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

ROBERT E. SAMPSON
6315 S. MAGNOLIA AVE.
OCALA FL 34474

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
Elizabeth S. Sampson-Lebrecht
6315 S. Magnolia Ave
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

Elizabeth S. Sampson-Lebrecht

owner

11isks

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

* P
SAMPSON-LEBRECHT, ELIZABETH S. (name misspelled)
6315 S MAGNOLIA AVE
OCALA, FL 34474
VB
JAMES E. LEBRECHT
6315 S MAGNOLIA AVE
OCALA, FL 34474

300002806993-5
-03/15/99-01159-014
****150.00 ****150.00

[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Elizabeth S. Sampson-Lebrecht

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352-237-0808

CR2E034 (11/98)