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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # 4446	(r)					
HOM	e furnishing center	OF DUNNELLON, INC.					
Principal Place	of Business	Mailing Address				AO TIN OZON ODRN OMES O	IBII BIBII BIBII (BBI
20319 E P DUNNELLO US	ENN AVE ON FL 34432	PO BOX 351 Dunnellon Fl 34 US	430				
					3. Date Incorporated or Qualified 01/24/1974	3a. Date of Last 03/15/1	
2. Principal Pt	ace of Business	2a. Mailing Address			4. FET Number	00/10/	Applied For
Suito Act	# oto	26			59-1667048		Not Applicable
Suite, Apt. #, etc.		27 Stille, Apr. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1	5 Additional Required
City & State	Э	Crty & State			Election Campaign Financing Trust Fund Contribution	\$5.0	00 Мау Ве
Zip	Country	Zip	Country		This corporation has liability for it	Add	ed to Fees
4	25	29	30		Florida Statutes Yes		5 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agent	
			81	Name			
WILLIAMS, HUBERT 1 HAMIC LANE					ddress (P.O. Box Number is Not Acceptable)		
DUNN	ELLON FL		83				
			84	City		FL 85 Z	ip Code
II Duramaria	to the provisions of Sections 607.05	02 and 607 1508 Florida Statul	les the above nar		ration submits this statement for the pure	ose of changing its	registered office
or register	ed agent, or both, in the State of Flo	orida. Such change was authoria	zed by the corpora	ation's boar	rd of directors. Thereby accept the appo	intment as régistere	d agent. I am
ta-timai win	ed agent, or both, in the State of Fic th, and accept the obligations of, Se	orida. Such change was authori, action 607.0505, Florida Statute	zed by the corpora s.	med corpor ation's boar	ration submits this statement for the purp rd of directors. Thereby accept the appo	intriicht as régistere	d agent. I am
SIGNATURE _	Signalure typed or printed name of registered ago	on and title if applicable.	S. OTL: Registered Agrint &		र्च अरोका तहारहोसाम्	(M)t	
GIGNATURE _	Signal are typed or praited name of regetered age OFFICERS A	scion 607.0505, Fibrida Statute	OTE Registered Agent &			(M)+ CERS AND DIRECTO	ORS IN 12
SIGNATURE _	Signal are typed or protod home of registered ago OFFICERS A	on and title if applicable (NA) UND DIRECTORS	S. OTL: Registered Agrint &		र्च अरोका तहारहोसाम्	(M)t	
SIGNATURE _ 12. ITLE AME	Signal are typed or praited name of regetered age OFFICERS A	on and title if applicable (NA) UND DIRECTORS	31. Registered Agent so 13. 1.1 TIFLE	ignature regiones	र्च अरोका तहारहोसाम्	(M)+ CERS AND DIRECTO	ORS IN 12
SIGNATURE	Signal are typed or protod harve of registered age OFFICERS A S WILLIAMS, HAZEL H	on and title if applicable (NA) UND DIRECTORS	DTL Registered Agrict si 13. 1.1 TIFLE 1.2 NAME	grature regumes	र्च अरोका तहारहोसाम्	(M)+ CERS AND DIRECTO	ORS IN 12
SIGNATURE _ 2. ITEF MME STREET ADDRESS SITY-ST-ZIP	Signal se typed or proted name of registered age OFFICERS A S WILLIAMS, HAZEL H 1 HAMIC LANE DUNNELLON, FL 00000 PD	on and title if applicable (NA) UND DIRECTORS	TIL Registered Agent of 13. 1.1 TILE 1.2 NAME 1.3 STREET AD	grature regumes	र्च अरोका तहारहोसाम्	(M)+ CERS AND DIRECTO	ORS IN 12
SIGNATURE 2. IIILE AME TREEI ADDRESS (IY-SI-ZIP IIILE AME	Signal so typed or proted name of registered age OFFICERS A S WILLIAMS, HAZEL H 1 HAMIC LANE DUNNELLON, FL 00000 PD WILLIAMS, HUBERT	on and total flags Catalia. (ND DIRECTORS DELETE	271. Firegistated April 8: 13. 1.1 TIFLE 1.2 NAME 1.3 STREET AD 1.4 CITY - ST-	grature regumes	र्च अरोका तहारहोसाम्	CATE CERS AND DIRECTO Change	ORS IN 12
2. IILE AAME STREET ADDRESS STY-SI-ZIP IILE AAME THEET ADDRESS	Signal are typed or praited name of regestered age OFFICERS A S WILLIAMS, HAZEL H 1 HAMIC LANE DUNNELLON, FL 00000 PD WILLIAMS, HUBERT 1 HAMIC LANE	on and total flags Catalia. (ND DIRECTORS DELETE	3. 1.1 THE 1.2 NAME 1.3 STREET AD 1.4 CITY - ST - 2.1 THE 2.1 THE 1.2 NAME 1.3 STREET AD 1.4 CITY - ST - 2.1 THE F.	oprature regiones DORESS ZIP	र्च अरोका तहारहोसाम्	CATE CERS AND DIRECTO Change	ORS IN 12
SIGNATURE 2. IITLE AME TREEI ADDRESS (IY-SI-ZIP ITLE AME TREEI ADURESS HY-ST-ZIP	Signal so typed or proted name of registered age OFFICERS A S WILLIAMS, HAZEL H 1 HAMIC LANE DUNNELLON, FL 00000 PD WILLIAMS, HUBERT	on and total diagnizable (NO DIRECTORS)	DTE Programed April of 13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY - ST - 2 2.1 TITLE 2.2 NAME 2.3 STREET AD 2.4 CITY - ST - 2	DORESS	र्च अरोका तहारहोसाम्	CATE CERS AND DIRECTO Change	ORS IN 12 Addition Addition
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IGENIATURE 2. IITE AAME STRY-ST-ZIP IITE IAME	Signal are typed or praited name of regestered age OFFICERS A S WILLIAMS, HAZEL H 1 HAMIC LANE DUNNELLON, FL 00000 PD WILLIAMS, HUBERT 1 HAMIC LANE	on and total diagnizable (NO DIRECTORS)	13. 1.1 TIFE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-2 2.1 TIFE 2.2 NAME 2.3 STREET AD 2.4 CITY-ST-2 3.1 TIFE 3.2 NAME	DORESS ZIP DORESS	र्च अरोका तहारहोसाम्	CATE CERS AND DIRECTO Change	ORS IN 12 Addition Addition
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11. PURSUANT	Signal are typed or praited name of regestered age OFFICERS A S WILLIAMS, HAZEL H 1 HAMIC LANE DUNNELLON, FL 00000 PD WILLIAMS, HUBERT 1 HAMIC LANE	DELETE DELETE DELETE	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	DORESS ZIP DORESS ZIP DORESS ZIP DORESS	र्च अरोका तहारहोसाम्	CERS AND DIRECTO Change Change Change Change	ORS IN 12 Addition Addition Addition Addition

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HAZEL HI WILLIAMS HOLE HI WILLE UP 12-56 352 189