FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 467651 (6)

1. Corporate Name

GATE CITY BEDDING, INC.

Principal Place of Business	Mailing Address
2081 WALNUT ST. JACKSONVILLE FL 32206	2081 WALNUT ST. JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 01/17/1975
3a. Date of Last Report: 07/07/1994
4. FEI Number: 59-1555334
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
8. This corporation is eligible for ... Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CHAMBLESS, B.D.
2081 WALNUT ST
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAMBLESS, B.D.
STREET ADDRESS	2081 WALNUT ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PSD
NAME	CHAMBLESS, RACHEL
STREET ADDRESS	2081 WALNUT ST
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Rachel Chambless - Rachel Chambless 5/1/95 404-355-3431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0022810 CP