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 # **474206** **(0)**

1. Corporation Name

WAGNER OFFICE FURNITURE, INC.

Principal Place of Business	Mailing Address
3339 W. KENNEDY BLVD. TAMPA FL 33609	3339 W. KENNEDY BLVD. TAMPA FL 33609

3. Date Incorporated or Qualified: **04/17/1975**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1593270** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) (22) (23) (24) (25)

2a. Mailing Address (26) (27) (28) (29) (30)

Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent

DYKEMA, KENNETH W.
13735 CHESTERSALL DR.
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section s 607.0502 and 607.1908, 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☒ DELETE
NAME	MANILLA, JACK	
STREET ADDRESS	50 PINE LAKE DR.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	T	☐ DELETE
NAME	PLUMB, BEVERLY T	
STREET ADDRESS	1100-B PINE RIDGE CIR W	
CITY-ST-ZIP	TARPON SP. FL	
TITLE	CPD	☐ DELETE
NAME	DYKEMA, KENNETH W.	
STREET ADDRESS	13735 CHESTERSALL DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	DYKEMA, SANDRA P	
STREET ADDRESS	13735 CHESTERSALL DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	☐ Change ☒ Addition
12 NAME	BARRY SHANNON	
13 STREET ADDRESS	11901 4th ST. N. APT. 307	
14 CITY-ST-ZIP	ST. PETERSBURG, FL 33716-1714	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, that I do not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above with an address.

SIGNATURE: _____ 3/28/96 (813)879-6586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number