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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 481399 (4)

1. Corporation Name:
MCKINNON HOME FURNISHINGS, INC.

Principal Place of Business

237 NO HWY 17
PALATKA FL 32177
US

Mailing Address

PO BOX 1378
PALATKA FL 32178-1378
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Rt. 6 Box 120

27 Suite, Apt. #, etc.

28 City & State

28 Palatka, Fl

29 Zip Country

30 32177 Putnam

3. Date Incorporated or Qualified

07/29/1975

3a. Date of Last Report

03/18/1996

4. FEI Number

59-1614673

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

9. Name and Address of Current Registered Agent

MCKINNON, LEON F.
237 NO HWY 17
PALATKA FL 32177

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 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

Signature of registered agent or principal officer and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

P
NETTLES, TROY A
1023 ST JOHNS AVE
PALATKA FL

TITLE NAME ☐ DELETE

VP
KERSLAKE, CLIFF
RT. 5 BOX 411
PALATKA FL

TITLE NAME ☐ DELETE

T
BALDWIN, CHARLES
RT 6 BOX 120
PALATKA FL

TITLE NAME ☐ DELETE

S
GOODSON, DONNIE
RT 3 BOX 155
INTERLACHEN FL

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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 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: *Troy Nettles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Troy Nettles, Pres. 1/15/97 904/328-8880
Date Daytime Phone

CR2E034 (9/96)