

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 481399

1. Entity Name

MCKINNON HOME FURNISHINGS, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90028 031 ***150.00

LUU43720



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
237 NO HWY 17 PALATKA FL 32177 US	RT 6 BOX 120 PALATKA FL 32177-9706 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-1614673	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MCKINNON, LEON F. 237 NO HWY 17 PALATKA FL 32177

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	NETTLES, TROY A
STREET ADDRESS	1023 ST JOHNS AVE
CITY-ST-ZIP	PALATKA FL
TITLE	VP <input type="checkbox"/> Delete
NAME	KERSLAKE, CLIFF
STREET ADDRESS	RT. 5 BOX 411
CITY-ST-ZIP	PALATKA FL
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	STREETS, ROSEMARY
STREET ADDRESS	RT. 6, BOX 120
CITY-ST-ZIP	PALATKA FL 32177
TITLE	S <input type="checkbox"/> Delete
NAME	GOODSON, DONNIE
STREET ADDRESS	RT 3 BOX 155
CITY-ST-ZIP	INTERLACHEN FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rochelle Edwards
STREET ADDRESS	Rt. 6 Box 120
CITY-ST-ZIP	Palatka, FL 32177
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leon F. McKinnon 3/20/00 904-698-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Leon F. McKinnon

CR2E034 (9/99)