

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 481399

1. Entity Name
MCKINNON HOME FURNISHINGS, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90101 040 ***150.00

Principal Place of Business

237 NO HWY 17
PALATKA FL 32177
US

Mailing Address

RT 6 BOX 120
PALATKA FL 32177
US

00034361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

237 Hwy 17 N

Suite, Apt. #, etc.

City & State

Palatka, Fl

Zip
32177

Country

US

4. FEI Number 59-1614673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME NETTLES, TROY A
STREET ADDRESS 1023 ST JOHNS AVE
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME KERSLAKE, CLIFF
STREET ADDRESS RT. 5 BOX 411
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME EDWARDS, ROCHELLE
STREET ADDRESS RT. 6, BOX 120
CITY-ST-ZIP PALATKA FL 32177 ☒ Delete

TITLE T
NAME Lisa Povlich
STREET ADDRESS 237 Hwy 17 N
CITY-ST-ZIP Palatka, Fl 32177 ☐ Change ☒ Addition

TITLE S
NAME GOODSON, DONNIE
STREET ADDRESS RT 3 BOX 155
CITY-ST-ZIP INTERLACHEN FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Troy A Nettles TRAY A NETTLES

Date

4/5/01

Daytime Phone #

904-328-8880

CR2E034 (10/00)