FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **492250** **(6)**

1. Corporation Name
VERO FURNITURE MART, INC.

Principal Place of Business	Mailing Address
1450 21ST ST. VERO BEACH FL 32960-3457	1450 21ST ST. VERO BEACH FL 32960-3457

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/09/1975**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1635770** ☐ 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

LAWING, MAX C.
1450 21ST ST.
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	LAWING, MAX C.	12 NAME	LAWING, MAX C.	
STREET ADDRESS	1450 21ST ST.	13 STREET ADDRESS	1450 21st St.	
CITY ST ZIP	VERO BEACH FL	14 CITY ST ZIP	Vero Beach, Fl 32960	
TITLE	VTD	21 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	LAWING, GEORGEANNA	22 NAME	LAWING, Georgeanna	
STREET ADDRESS	1450 21ST ST.	23 STREET ADDRESS	1450 21st St.	
CITY ST ZIP	VERO BEACH FL	24 CITY ST ZIP	Vero Beach, Fl 32960	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	LAWING, DANIEL	32 NAME		
STREET ADDRESS	1450 21ST ST.	33 STREET ADDRESS		
CITY ST ZIP	VERO BEACH FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	LAWING, JR., MAX C.	42 NAME	LAWING, JR., Max C	
STREET ADDRESS	1450 21ST ST.	43 STREET ADDRESS	1450 21st Street	
CITY ST ZIP	VERO BEACH FL	44 CITY ST ZIP	Vero Beach, Fl 32960	
TITLE		51 TITLE	SECRETARY	☐ Change ☑ Addition
NAME		52 NAME	LAWING, Margherita	
STREET ADDRESS		53 STREET ADDRESS	1450 21st Street	
CITY ST ZIP		54 CITY ST ZIP	Vero Beach, Fl 32960	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Max C Lawing JR MAX C LAWING JR President 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

007A01 CF