FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

530822

(6)

WOOD FAMILY HOME FURNISHING CENTER, INC.

Principal Place of Business 115 N. MAGNOLIA AVE. GREEN COVE SPRG FL 32043

2. Principal Place of Business

Mailing Address

2a Mailing Address

115 N. MAGNOLIA AVE. GREEN COVE SPRG FL 32043

FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1977

FEI Number

Suite, Apt. 4, etc. 22	21	·			26				'	59-1729406		t Applicable		
City & State 22		Suite, Apt. #, etc.			Suite, Apt. #, etc.				5		\$8.75	Additional		
28 29 29 20 20 20 20 20 20	22	City & Chata	Ott. 8 Oleste							-				
Zip Country Zip Country 2.7 Country 8. This corporation owes or has paid the current year Intenguiste Personal Property Tax due June 30 Cys No No No No No No No N		· -							6	` <u> </u>				
224	23	Zip							+-					
9. Name and Address of Current Registered Agent WOOD, CHESTER E 115 N MAGNOLIA AVE GREEN COVE SPRG FL 32043 83 84 City FL 85 Zip Code 11, Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutios, the above-named corporation submits this statement for the purpose of changing its registered agent. an amendment, and accept the ediplement of section 907.0502 and 607.1508, Florida Statutios, the above-named corporation submits this statement for the purpose of changing its registered algent. In amendment with an accept the ediplement of section 67.0507 by the corporation's board of directors. I hereby accept the appointment as registered algent. In amendment with an accept the ediplement of section 67.0507 by the corporation's board of directors. I hereby accept the appointment as registered algent. I amendment with an accept the ediplement of section 67.0507 by the corporation's board of directors. I hereby accept the appointment as registered algent. I amendment with an accept the ediplement of section 67.0507 by the corporation's board of directors. I hereby accept the appointment as registered algent. I amendment with an accept the ediplement of section 67.0507 by the corporation's board of directors. I hereby accept the appointment as registered algent. I amendment with an accept the ediplement of sections of provide them accepts the ediplement of sections of the edipl	24	ΣIP	<u>-</u>	-	Ζip		жи у				_ ' _ '			
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115 N MAGNOLIA AVE GREEN COVE SPRG FL 32043 84 City						81	Name							
GREEN COVE SPRG FL 32043 22 Sirreet Address (P.U. Box Nutrition is Not Acceptable)	115 N MAGNOLIA AVE													
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement (or the purpose of changing its 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, 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 signature, types or prediction agent and side if appointment as registered signature, types or prediction agent and side if appointment as registered signature, types or prediction agent and side if appointment as registered signature, types or prediction agent and side if appointment as registered signature, types or prediction agent and side if appointment as registered signature, types or prediction agent and side if appointment as registered signature, types or prediction agent and side if appointment as registered signature, types or prediction agent and side if appointment as registered signature, types or prediction agent and side if appointment as registered agent, and the property accept the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent, and accept the above-named or property accept the above-named or property accept the appointment as registered agent, and accept the appointment as registered agent agent and accept the appointment as registered accept the ac	[]							82 Street Address (P.O. Box Number is Not Acceptable)						
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TILL 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 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, or hand accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Description Descriptio														
11. Pirsuant to the provisions of Sections 807 0502 and 607 1508, Florida Statutes, the above-named corporation subminis this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS Signature, hybed or prefiled name of registered agent and title of applicables. 9/07E Registered Agent signature required when restricting. 11. TITLE SID OFFICERS AND DIRECTORS 11. TITLE WOOD, CHERYL L 115 N MAGNOLIA AVE GREEN COVE SPRGS FL 114 ORTY-ST-2P 115 N MAGNOLIA AVE GREEN COVE SPRGS FL 116 MAGNOLIA AVE GREEN COVE SPRGS FL 117 MAGNOLIA AVE GREEN COVE SPRGS FL 117 MAGNOLIA AVE GREEN COVE SPRGS FL 115 N MAGNOLIA TORTOR TORTOR TORTOR TORTOR TORTOR TORTOR TORTOR								City		EI	85 Zip (Code		
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14. 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														
	14.	I hereby certify that the	e information supplied with	this f	iling does not qualify to	r the exe	empt	ion stated in S	Secti	ion 119.07(3)(i), Florida Statutes. I further certi	fy 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 it made under oath; that I am a 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.

GNATURE:

11698

Applied For