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 APR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **558182** **(2)**

1. Corporation Name

WRENN FURNITURE COMPANY, INC.

Principal Place of Business	Mailing Address
711 N. FLORIDA AVENUE LAKELAND FL 33801	711 N. FLORIDA AVENUE LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/26/1978**	3a. Date of Last Report: **06/08/1994**
4. FEI Number: **59-1789111**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$0.75** 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HONEYCUTT, LINDA
1241 EDGEWATER DR.
LAKELAND FL 33805

10. Name and Address of New Registered Agent

01	Name		
02	Street Address (P.O. Box Number is Not Acceptable)		
03			
04	City	05	Zip Code
	FL		

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 the date signed) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WRENN, MABLE L	12 NAME	
STREET ADDRESS	1407 EDGEWATER BCH DR	13 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	HONEYCUTT, LINDA	22 NAME	
STREET ADDRESS	1241 EDGEWATER DR.	23 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ROBSON, JAMES	32 NAME	
STREET ADDRESS	4307 ROLLING OAKS DR	33 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	34 CITY ST ZIP	
TITLE	PT	41 TITLE	☐ Change ☐ Addition
NAME	WRENN, M G	42 NAME	
STREET ADDRESS	1206 PARKER POINTE LN	43 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
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 changed, or on an attachment with an address.

SIGNATURE: M.G. Wrenn 1/25/95 813-682-6766
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
M.G. WRENN

0312310 CP