FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **FILED** PROFIT. FLORIDA DEPARTMENT OF STATE May 01 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State-Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # WRENN FURNITURE CO., INC Principal Place of Business Mailing Address 711 N. Florida, Aue. Lakeland, Fl. 33801 2. Principal Place of Business 2a. Mailing Address Applied For same as above same as abone Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032. 24 Same as about 25 AUU : 29 Sanu as abou USA Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Linda Honeycutt 1241 Edgewater Orives. Inkeland, Fl. 33805 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 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. Honeycutt-no of registered agent and tille it applicable SIGNATURE gnature required when reinstating) 12. OF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITI F President 1.1 101.6 Change Addition melinda Bittinger 8535 Tonkow Rd. m.6. Wrenn NAME 1.2 NAME 1206 Parker Pointe Lane STREET ADDRESS 1.3 STREET ADDRESS 33805 lakeland. Fl. 3380 CITY-ST-ZIP 1.4 CITY - ST - Z:P TITLE Director/Treasurer | DELETE 21 THLE Change Addition NAME mousie L. Wrein Orive 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP V-President Jr Dichanger BS35 TOMKOW Rd. Bittinger TITLE 3.1 TITLE 🛫 da Honeyouth 1 Edgewater Arive reland, F1 33805 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS lakeland Fi. 33809 CITY-ST-ZIP 3.4. C(1)Y - \$1 - Z(P) TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 61 1006 3000021667号³⁷⁰⁰ -05/06/97--01019--012 Addition

14. I do 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 12 or Block 3 if changed, or on an attachment with an address.

62 NAME

SIGNATURE

NAME

STREET ADDRESS

4-25-96