FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **582479** **(2)**

1. Corporate Name

AVON FURNITURE COMPANY, INC.

Principal Place of Business

607 U.S. 27 NORTH
AVON PARK FL 33825

Mailing Address

607 U.S. 27 NORTH
AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/16/1978	**04/18/1994**

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

4. FEI Number **59-1835754** ☐ 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

7. This corporation has/will, for interstate tax under § 1910.02 Florida Statutes, ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOMEK, EDWARD J. **607 U.S. 27 NORTH** , **AVON PARK, FL LP 33825**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1501, 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

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
1 NAME	TOMEK, EDWARD J.	1 NAME	
1 STREET ADDRESS	917 W. BELL ST.	1 STREET ADDRESS	
1 CITY-ST-ZIP	AVON PARK FL	1 CITY-ST-ZIP	
2 TITLE	VD	2 TITLE	☐ Change ☐ Addition
2 NAME	TOMEK, RUTH E.	2 NAME	
2 STREET ADDRESS	917 W. BELL ST.	2 STREET ADDRESS	
2 CITY-ST-ZIP	AVON PARK FL	2 CITY-ST-ZIP	
3 TITLE	STD	3 TITLE	☐ Change ☐ Addition
3 NAME	JOHNSON, REBECCA A.	3 NAME	
3 STREET ADDRESS	901 S. EGRET	3 STREET ADDRESS	
3 CITY-ST-ZIP	SEBRING FL	3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 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. Further I 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 above, if changed, or on an attachment with an address.

SIGNATURE: Edward J. Tomek EDWARD J. TOMEK 5/2/95 (813) 453-3204

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0378134 CP

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FLORIDA DEPARTMENT OF STATE

DOCUMENT # 585128 (2)

1. Corporate Name

ED LEINSTER, P. A.

Principal Office: 1302 EAST ROBINSON STREET, ORLANDO FL 32801

Mailing Address: 1302 EAST ROBINSON STREET, ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

FLORIDA

3. Date Incorporated or Qualified	09/01/1978
3a. Date of Last Report	10/14/1994
4. FEI Number	59-1843088
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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes	☒ Yes ☐ No

2. Principal Office — 2a. Mailing Address

9. Name and Address of Current Registered Agent

LEINSTER, ED
219 N BROWN ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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 Ed Leinster 5/8/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEINSTER, ED
STREET ADDRESS	219 N BROWN ST
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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: Ed Leinster 5/8/95 407-422-3937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0053665 CP