


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 607679 (8)			
1. Corporation Name COVEY FURNITURE GALLERY, INC.			
Principal Place of Business 1770 A1A SOUTH ST. AUGUSTINE FL 32084		Mailing Address 1770 A1A SOUTH ST. AUGUSTINE FL 32084	
2. Principal Place of Business 21 P.O. Box 51034 Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE BEACH, FL Zip 24 32240		2a. Mailing Address 26 P.O. Box 51034 Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE BEACH, FL Zip 29 32240 Country 30 USA	
3. Date Incorporated or Qualified 01/24/1979		3a. Date of Last Report 08/07/1995	
4. FEI Number 59-1883057		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent COVEY, WILLIAM R 1770 HWY A-1-A SOUTH JACKSONVILLE BCH, FL ST AUGUSTINE FL 32084		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 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 _____ <small>Signature: Type or print name of registered agent and the appropriate title. (Initials: Registered Agent signature required when reinstating.) DATE</small>			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Carol Covey Anderson		6/24/96 804-246-7369	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE CUSTOMER PHONE #	

CR2E034 (3/96)