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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 8:46

DOCUMENT # **613650** **(1)**

1. Corporation Name

SEMINOLE FURNITURE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
1440 GEMINI BLVD ORLANDO FL 32837	1440 GEMINI BLVD ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1979
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2488057 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24: 32837-9279
Country — 25
Zip — 29: 32837-9279
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LITTLE, JOHN THOMAS
617 IRIS STREET
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: LITTLE, JOHN THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 626 IRIS STREET
83: "
84 City: ALTAMONTE SPRINGS FL — 85 Zip Code: 32714-3117

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: J.T. Little J.T. LITTLE — J.T. Little — 3/3/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when maintaining) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P. ☑ Change ☐ Addition
NAME	LITTLE, JOHN THOMAS	1.2 NAME	LITTLE, JOHN THOMAS
STREET ADDRESS	617 IRIS STREET	1.3 STREET ADDRESS	626 IRIS STREET
CITY-ST-ZIP	ALTAMONTE SPGS. FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-3117
TITLE		2.1 TITLE	V.P. ☐ Change ☐ Addition
NAME		2.2 NAME	& LITTLE ELIZABETH L.
STREET ADDRESS		2.3 STREET ADDRESS	626 IRIS STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714-3117
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: J.T. Little J.T. LITTLE — 3/3/95 — 407-862-3765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063287 CP