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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 660848

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90139 021 ***150.00

	n Name									
BUD'S ONE-HALF PRICE BEDDING, INC.										
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Principal Place of Business Mailing Address							1 12010 01110 01111 25101 (8111 01001 10	ii: efeti bibli 8(8)) 618	II #1815 BIRII 1881	
3429 SW ARACHER ROAD 3429 SW ARACHER ROAD					ROAD					
GAINESVILLE FL 32608 GAINESVILLE FL 32608										
								DO NOT WRITE I	N THIS SPACE	
								3. Date Incorporated or Qualifed		
0.01.1.00.00								03/28/1980		a Wad San
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	⊢	Applied For
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-2009549		Not Applicable Additional	
			Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Required	
			City & State	City & State			6. Election Campaign Financing		0 May Be	
23			28	1 ~				Trust Fund Contribution		d to Fees
Zip		Country	20	Zip		Country		8. This corporation owes the current		
24	25		29	1	30	•		Personal Property Tax.	Yes	□No
		d Address of Curi		1				10. Name and Address of New Regi	stered Agent	
		_				81	Name			
	nson, Elnof					82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)		
3429 SW ARCHER ROAD							Street Addi	ess (P.O. Box Number is Not Acceptable)		
GAIN	NESVILLE FL 3	2608				83				
						-	00		lee l 2:	- Codo
						84	City		FL 85 Zi	p Code
11. Pursuant	to the provisions	of Sections 607.0	502 and	607.1508, Florida S	Statutes, th	e above	-named corp	oration submits this statement for the purp	oose of changing	its registered
office or re	egistered agent,	or both, in the Sta	ite of Flor	rida. Such change w of, Section 607.0505	vas author	ized by	the corporation	on's board of directors. I hereby accept the	e appointment as	registered
				.,						Į.
SIGNATURE										1
	Signature, typed or pr	inted name of registered	agent and title	e if applicable	(NOTE: Regis	tered Ager	t signature require		DATE	
12.		inted name of registered of OFFICERS	 	ECTORS		13.	t signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	
12. TITLE	Р	OFFICERS	 				t signature require			
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14. I 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 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, with all other like empowered.

SIGNATURE:

GALLANCE CONTROL OF SIGNING OFFICER OR DIRECTOR

4-28-99

Daytime Phone

RZE034 (11/98)