

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 685334

(5)

1. Corporation Name

STEVE'S FURNITURE, INC.

Principal Place of Business

837 NW 22ND STREET  
OCALA FL 34475  
US

Mailing Address

837 NW 22ND STREET  
OCALA FL 34475  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

EATMON, ROY S.  
4608 NE 21 COURT  
OCALA FL 34479

3. Date Incorporated or Qualified

08/26/1980

3a. Date of Last Report

04/27/1995

4. FET Number

59-2026339

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,  
Florida Statutes. ☐ Yes ☐ No

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

Signature of person authorized to change registered office, agent, or both

Signature of Registered Agent, and if not known, who authorized

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PDS  
EATMON, ROY S  
4608 NE 21ST CT  
OCALA, FL 00000 34479

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

352-622-4839

CR2E034 (12/95)