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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA ANNUAL REPORT
1995

DOCUMENT # 694199 (1)

1. Corporate Name
BIGGIN'S FURNITURE, INC.

Principal Place of Business	Mailing Address
790 APOLLO BLVD PO BOX 908 MELBOURNE FL 32902-7908	790 APOLLO BLVD PO BOX 908 MELBOURNE FL 32902-7908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1981
3a. Date of Last Report: 02/17/1994

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

4. FEI Number: 59-2099864 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BIGGIN, JAMES R
3174 VILLA ESPANA TRAIL
MELBOURNE FL 32935

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 its 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: (Typed or printed name of registered agent and title if agent is corporation) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BIGGIN, JAMES R
STREET ADDRESS	3174 VILLA ESPANA TRAIL
CITY-ST-ZIP	MELBOURNE, FLORIDA 32901
TITLE	VST
NAME	BIGGIN, SARA B.
STREET ADDRESS	3174 VILLA ESPANA TRAIL
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	32935
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	32935
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this blank 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 above, with an address.

SIGNATURE: [signature] 2-1-95 (407) 725-1180
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0410074 FC