

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F36899** (5)

1. Corporation Name

NICE-VAL DISCOUNT FURNITURE INC.



Principal Place of Business

**133 JOHN SIMS PKWY
VALPARAISO FL 32580**

Mailing Address

**133 JOHN SIMS PKWY
VALPARAISO FL 32580**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/01/1981

3a. Date of Last Report

03/09/1995

4. FET Number

59-2164382

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

10. Name and Address of New Registered Agent

**SELLERS, DEWEY W
68 EASTVIEW AVENUE
VALPARAISO FL 32580**

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 607.0500 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 the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Date

12. OFFICERS AND DIRECTORS

TITLE

**PD
SELLERS, DEWEY W
68 EASTVIEW AVENUE
VALPARAISO FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VD
SELLERS, DEWEY E
RT 1 BOX 116
HOLT FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D
SELLER, MARY M
68 EASTVIEW AVENUE
VALPARAISO FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**TS
SELLERS, GRADY V.
76 EASTVIEW AVE.
VALPARAISO FL**

☐ DELETE

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

1. TITLE

☐ Change

☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2.1. TITLE

☐ Change

☐ Addition

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY-ST-ZIP

3.1. TITLE

☐ Change

☐ Addition

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY-ST-ZIP

4.1. TITLE

☐ Change

☐ Addition

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY-ST-ZIP

5.1. TITLE

☐ Change

☐ Addition

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY-ST-ZIP

6.1. TITLE

☐ Change

☐ Addition

6.2. NAME

6.3. STREET ADDRESS

6.4. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

904-678-2078

CR2E034 (12/95)