

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004672 (1)

1. Corporation Name

LISCO FURNITURE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 30101
TAMPA FL 33630

P.O. BOX 30101
TAMPA FL 33630

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

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

05/01/1995

4. FET Number

59-3264207

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. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BYRNES, DONALD J	
STREET ADDRESS	5730 N. HOOVER BLVD.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITING, PAUL L	
STREET ADDRESS	5730 N. HOOVER BLVD.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADIKES, ROBERT K	
STREET ADDRESS	5730 N. HOOVER BLVD.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DRYER, STEPHEN J	
STREET ADDRESS	5730 N. HOOVER BLVD.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900001835359
1.3 STREET ADDRESS	-05/22/96--01094--040
1.4 CITY-ST-ZIP	***200.00
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	601 South Harbour Island Blvd Ste #200
2.4 CITY-ST-ZIP	Tampa, FL 33602-3141
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	601 South Harbour Island Blvd Ste #200
3.4 CITY-ST-ZIP	Tampa, FL 33602-3141
4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	601 South Harbour Island Blvd Ste #200
4.4 CITY-ST-ZIP	Tampa, FL 33602-3141
5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kipphus, W. Michael
5.3 STREET ADDRESS	601 South Harbour Island Blvd Ste #200
5.4 CITY-ST-ZIP	Tampa, FL 33602-3141
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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

S. J. Dryer

4/24/96

(813) 204-5200

Daytime Phone #

CR2E034 (12/95)