FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005229 (9)**

1. Corporate Name
JACKSON MATTRESS COMPANY, INC.

Principal Place of Business	Mailing Address
P.O BOX 64609 FAYETTEVILLE NC 28306	P.O BOX 64609 FAYETTEVILLE NC 28306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1994	3a. Date of Last Report
4. FEI Number: 56-0486318	☐ 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	

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

9. Name and Address of Current Registered Agent

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

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GIERSCH, MARY J	1.2 NAME	
STREET ADDRESS	3100 CAMDEN RD.	1.3 STREET ADDRESS	
CITY ST ZIP	FAYETTEVILLE NC 28306	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BANCROFT, ROBERT R	2.2 NAME	
STREET ADDRESS	3100 CAMDEN RD.	2.3 STREET ADDRESS	
CITY ST ZIP	FAYETTEVILLE NC 28306	2.4 CITY ST ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	FAIRCLOTH, EDNA J	3.2 NAME	
STREET ADDRESS	3100 CAMDEN RD.	3.3 STREET ADDRESS	
CITY ST ZIP	FAYETTEVILLE NC 28306	3.4 CITY ST ZIP	
TITLE	AST	4.1 TITLE	☐ Change ☐ Addition
NAME	TEW, MARION C	4.2 NAME	
STREET ADDRESS	3100 CAMDEN RD.	4.3 STREET ADDRESS	
CITY ST ZIP	FAYETTEVILLE NC 28306	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, ANNA FAY J	5.2 NAME	
STREET ADDRESS	3100 CAMDEN RD.	5.3 STREET ADDRESS	
CITY ST ZIP	FAYETTEVILLE NC 28306	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ELBERT C JR	6.2 NAME	
STREET ADDRESS	3100 CAMDEN RD.	6.3 STREET ADDRESS	
CITY ST ZIP	FAYETTEVILLE NC 28306	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)(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.

SIGNATURE: Marion C. Tew Asst Sec/Treas. 4/21/96 910-425-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARION C. TEW

04M470 FN