

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 # **F94000005229 (9)**

1. Corporation Name

JACKSON MATTRESS COMPANY, INC.



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

3. Date Incorporated or Qualified 10/07/1994	3a. Date of Last Report 04/25/1995
4. FEI Number 56-0486318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	CHIEF OPERATING OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAIRCLOTH, EDNA J	3.2 NAME	GIERSCH, ROBERT VAN CLEVE
STREET ADDRESS	3100 CAMDEN RD.	3.3 STREET ADDRESS	3100 Camden Road
CITY-ST-ZIP	FAYETTEVILLE NC 28306	3.4 CITY-ST-ZIP	Fayetteville, NC 28306
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	Secretary-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Marion C. Tew Marion C. Tew 4/26/96 910-425-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)