

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000005229 (9)**  
 1. Corporation Name  
**JACKSON MATTRESS COMPANY, INC.**



Principal Place of Business <b>P.O. BOX 64609 FAYETTEVILLE NC 28306</b>	Mailing Address <b>P.O. BOX 64609 FAYETTEVILLE NC 28306</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/07/1994</b>	
21 Suite, Apt. #, etc	22 City & State	25 Suite, Apt. #, etc	27 City & State	4. FEI Number <b>56-0486318</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	27 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM                  1200 S. PINE ISLAND RD.                  PLANTATION FL 33324</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIERSCH, MARY J</b>	1.2 NAME	
STREET ADDRESS	<b>3100 CAMDEN RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAYETTEVILLE NC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANCROFT, ROBERT R</b>	2.2 NAME	
STREET ADDRESS	<b>3100 CAMDEN RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAYETTEVILLE NC</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIERSCH, ROBERT VAN CLE</b>	3.2 NAME	
STREET ADDRESS	<b>3100 CAMDEN ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAYETTEVILLE NC</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tew, MARION C</b>	4.2 NAME	
STREET ADDRESS	<b>3100 CAMDEN RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAYETTEVILLE NC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, ANNA FAY J</b>	5.2 NAME	
STREET ADDRESS	<b>3100 CAMDEN RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAYETTEVILLE NC 28308</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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* **Marion C. Tew** 4/9/98 910-425-0131

CP2E034 (10/97)