

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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90034 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000005229

1. Corporation Name
JACKSON MATTRESS COMPANY, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		56-0486318	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 25		29 30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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			
				85 Zip Code			
				FL			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEO	<input type="checkbox"/> DELETE	1.1 TITLE	<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	3154 CAMDEN RD			
CITY-ST-ZIP	FAYETTEVILLE NC		1.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<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	3154 CAMDEN RD			
CITY-ST-ZIP	FAYETTEVILLE NC		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GIERSCH, ROBERT VAN CLE		3.2 NAME				
STREET ADDRESS	3100 CAMDEN ROAD		3.3 STREET ADDRESS	3154 CAMDEN RD			
CITY-ST-ZIP	FAYETTEVILLE NC		3.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<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	3154 CAMDEN RD			
CITY-ST-ZIP	FAYETTEVILLE NC		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CAMPBELL, ANNA FAY J		5.2 NAME				
STREET ADDRESS	3100 CAMDEN RD.		5.3 STREET ADDRESS	3154 CAMDEN RD			
CITY-ST-ZIP	FAYETTEVILLE NC 28306		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, with all other like empowered.

SIGNATURE: Marion C. Tew **REQUIRED** Date: 4-20-99 Daytime Phone #: 910-4250131
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARION C. TEW

CR2E034 (11/98)