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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400005229 1. Corporation Name

JACKSON MATTRESS COMPANY, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90034 039 ***150.00

Principal Place	e of Business	Mailing Address				المترسين وستهويه ويتمايه فيتبا		ಮತ್ತಿಯ ಇ	سنستهستند ي
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}					10	0/07/1994			
2, Principal Pi	lace of Business	2a. Mailing Address		······	4. F	El Number		A	pplied For
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.0	ertifcate of Status Desired			Additional
22	·	27			<u> </u>				tequired
City & State	e	City & State				lection Campaign Financing	³ □	•	May Be
23	**************************************	28				rust Fund Contribution			to Fees
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24	[25]	29	30			ersonal Property Tax. Jame and Address of New	Registered A		
	9. Name and Address of Current	t Registered Agent	81	Name	10. 1	ame and Address of New	registered A	.gent	-
СТ	CORPORATION SYSTEM		١٠.						
	S. PINE ISLAND RD.		82	Street	Address (P.O). Box Number is Not Accep	table)		Į.
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- CCAI	TEATION I E SOUZY		03	'					
			84	City		•	FL	85 Zip	Code
	to the provisions of Sections 607.0502	2 4 007 4600 Florido Ctotut	as the show	o pamed	corporation s	uhmite this statement for th	e numose of o	hanging it	s registered
office or r	calchored agent or both in the State of	of Florida - Such change was a	utbonzed by	ine com	oration's:boar	rd of directors: I hereby acc	ept the appoir	tment as r	egistered.
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statutes	5.					ļ
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SIGNATURE	St	t and title if poplicable (NOTE	· Registered Age	int signature r	required when rein	stating)	DATE		
	Signature, typed or printed name of registered agen			nt signature r	required when rein			D DIRECT	ORS IN 12
12.	OFFICERS AN		: Registered Age	nt signature r		stating) DDITIONS/CHANGES TO C		D DIRECT	
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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.

CITY-ST-ZIP

COURED COURED WAR OF SIGNING OFFICER OR DIRECTOR MARION C. TEW