

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 22 1997 8:00am  
Secretary of State

DOCUMENT # F96000004578 (8)

1. Corporation Name  
COCHRANE FURNITURE COMPANY, INC.



Principal Place of Business  
P.O. BOX 220  
LINCOLNTON NC 28093

Mailing Address  
P.O. BOX 220  
LINCOLNTON NC 28093

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/06/1996		09/06/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied for	
22		27		56-0182516		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		24		25	
25		Country		29		30	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	COCHRANE, T E	DELETE	1.1 TITLE	Vice President	Change	Addition
NAME	COCHRANE, T E			1.2 NAME	Healy, Stephen D.		
STREET ADDRESS	190 COCHRANE ROAD			1.3 STREET ADDRESS	190 Cochrane Road		
CITY-ST-ZIP	LINCOLNTON NC 28092			1.4 CITY-ST-ZIP	Lincolnton, NC 28092		
TITLE	CEO	COCHRANE, JERRY	DELETE	2.1 TITLE	Secretary	Change	Addition
NAME	COCHRANE, JERRY			2.2 NAME	Kane, Frank T.		
STREET ADDRESS	190 COCHRANE ROAD			2.3 STREET ADDRESS	1100 N. Washington Street		
CITY-ST-ZIP	LINCOLNTON NC 28092			2.4 CITY-ST-ZIP	Delphi, IN 46923		
TITLE	PD	COCHRANE, BRUCE	DELETE	3.1 TITLE		Change	Addition
NAME	COCHRANE, BRUCE			3.2 NAME			
STREET ADDRESS	190 COCHRANE ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	LINCOLNTON NC 28092			3.4 CITY-ST-ZIP			
TITLE	TSVD	ELLIOTT, GROVER S	DELETE	4.1 TITLE		Change	Addition
NAME	ELLIOTT, GROVER S			4.2 NAME			
STREET ADDRESS	190 COCHRANE ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	LINCOLNTON NC 28092			4.4 CITY-ST-ZIP			
TITLE			DELETE	5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			DELETE	6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 as an attachment with an address.

SIGNATURE \_\_\_\_\_ Frank T Kane 9/15/97 765-5111-2544

CR2E034 (4/97)