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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 23 1997 8:00am

Secretary of State

4/12/97

(205) 947-7171

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600005285 (9)

OFFICE	FURNITURE NETWORK, INC				
Principal Place	e of Business	Mailing Address		7	
222 W SERVANTES PENSACOLA FL 32501  222 W SERVANTES PENSACOLA FL 32501					
				Date Incorporated or Qualified     3a. Date of Last Report	$\neg$
2. Principal Pi	iace of Business	2a. Mailing Address		10/11/1996 4. FEI Number Applied For	
	est Garden Street		Garden Street		
Suite, Apt.		Suite, Apt #, etc.	Daraged Direc	SR 75 Additional	$\rightarrow$
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State	EI	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28 Pensacols,	Country	This corporation has liability for intangible tax under s. 199.032.	
24 3250	<u> </u>	, <del> </del>	0 Escambia	Florida Statutes Yes X No	
	9. Name and Address of Current		7	10. Name and Address of New Registered Agent	一
CORPORATION SERVICE COMPANY  81 Name					
1201 HAYS STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	$\dashv$
TALI	LAHASSEE FL 32301-2525		00		
			83		- 1
			84 City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the above-named corp		ed
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 horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NDTE Registered Agent signature required when reinstating)  DATE  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	{
TITLE	DC	☐ DELETE	1 1 1ITLE	☐ Change ☐ Addit	ion
NAME	KING, MATTHEW A		1.2 NAME		
STREET ADDRESS	240 GREAT CIR RD #300		1.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37228		1.4 CITY - \$1 - 7IP		
TITLE	DC HADIC D	☐ DELETE	2.1 THILE	Change Addit	ion
NAME DEDECT ADDRESS	DIRECTOR, MARK D 240 GREAT CIR RD #300		2.2 NAME		- }
STREET ADORESS CITY-ST-ZIP	NASHVILLE TN 37228		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		
TITLE	S	DELETE	3.1 TITLE	Change Addit	ion
NAME	MILLER, A LAWTON	-	3.2 NAME	— v —	
STREET ADDRESS	240 GREAT CIR RD #300		3.3 STREET ADDRESS		1
CITY-ST-ZIP	NASHVILLE TN 37228		3 4. CITY - \$1 - ZIP		
TITLE	P	☐ DELETE	4.1 TITLE	Change Addil	ion
NAME	ROBERTSON, MIKE		4 2 NAME		-
STREET ADDRESS	350 INDUSTRIAL DR		4.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE	BIRMINGHAM AL 35211	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addit	inn
NAME		□ otttit	5.2 NAME	L. Crisinge L. Adult	1011
STREET ADDRESS			5.3 STREFT ADDRESS		ĺ
CITY-ST-ZIP			5.4 CiTY - ST - ZIP		
TITLE		DELETE	61 1ITLF	☐ Change ☐ Addit	ion
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 eath; that I am an officer or director of the corporation of the corporation of the corporation of the report of the corporation of the					