COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 JUL 29 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006470**

Corporation Name
SOUTHERN FURNITURE TRANSPORT, INC.

Principal Place of Business
2003 VISCOUNT ROW
ORLANDO FL 32809

Mailing Address
2003 VISCOUNT ROW
ORLANDO FL 32809
US

4/1/99 90103 016 $150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1996

1 Principal Place of Business: 7551 PRESIDENTS DR
Suite, Apt. #, etc.: SUITE 104
23 City & State: ORLANDO FL.
24 Zip: 32809 25 Country:

2a 26 Mailing Address: SAME.
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 38-3314427 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ANDREUCCI, L R
2003 VISCOUNT ROW
ORLANDO FL 32809

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 7551 PRESIDENTS DR.
83 SUITE 104
84 City: ORLANDO FL 85 Zip Code: 32809

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☑ DELETE
NAME	LUURTSEMA, ROSS A	
STREET ADDRESS	3068 HIGHLAND DRIVE	
CITY-ST-ZIP	HUDSONVILLE MI	
TITLE	V	☑ DELETE
NAME	LUYK, DOUG	
STREET ADDRESS	3068 HIGHLAND DRIVE	
CITY-ST-ZIP	HUDSONVILLE MI	
TITLE	S	☐ DELETE
NAME	BENSON, KENT	
STREET ADDRESS	2003 VISCOUNT ROW	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	☐ DELETE
NAME	ANDREUCCI, LEONARD	
STREET ADDRESS	2003 VISCOUNT ROW	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☑ Addition
1.2 NAME	RAY ADAMS	
1.3 STREET ADDRESS	1210 E. PONTALUNA RD.	
1.4 CITY-ST-ZIP	SPRING LAKE, MI 49456	
2.1 TITLE	VICE PRESIDENT-FINANCE	☐ Change ☑ Addition
2.2 NAME	JAMES EWART	
2.3 STREET ADDRESS	1210 E. PONTALUNA RD	
2.4 CITY-ST-ZIP	SPRING LAKE MI 49456	
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☑ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ 6/29/99 407-851-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)