

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90055 044 ***150.00

DOCUMENT # F97000002369

1. Corporation Name

FURNISHINGS INTERNATIONAL INC.

Principal Place of Business

1300 NATIONAL HWY.
C/O TAX DEPARTMENT
THOMASVILLE NC 27360

Mailing Address

C/O TAX DEPARTMENT
P.O. BOX 7599
HIGH POINT NC 27264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

43-1724507

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4000 Lifestyle Court

Suite, Apt. #, etc.

22 c/o Tax Department

City & State

23 High Point, NC

Zip

24 27265

Country

25 USA

2a. Mailing Address

26 c/o Tax Department

Suite, Apt. #, etc.

27 4000 Lifestyle Court

City & State

28 High Point, NC

Zip

29 27265

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 PD ☐ DELETE

NAME LYON, WAYNE B

STREET ADDRESS 1300 NATIONAL HWY.
CITY-STATE-ZIP THOMASVILLE NC 27360

TITLE V ☐ DELETE

NAME ROBBINS, RONNIE R JR

STREET ADDRESS 1300 NATIONAL HWY.
CITY-STATE-ZIP THOMASVILLE NC 27360

TITLE S ☐ DELETE

NAME BARNARD, DOUGLAS C

STREET ADDRESS 1300 NATIONAL HWY.
CITY-STATE-ZIP THOMASVILLE NC 27360

TITLE T ☐ DELETE

NAME HOFFMAN, RONALD

STREET ADDRESS 1300 NATIONAL HWY.
CITY-STATE-ZIP THOMASVILLE NC 27360

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4000 Lifestyle Court
1.4 CITY-STATE-ZIP High Point, NC 27265

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4000 Lifestyle Court
2.4 CITY-STATE-ZIP High Point, NC 27265

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 4000 Lifestyle Court
3.4 CITY-STATE-ZIP High Point, NC 27265

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 4000 Lifestyle Court
4.4 CITY-STATE-ZIP High Point, NC 27265

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS 4000 Lifestyle Court
5.4 CITY-STATE-ZIP High Point, NC 27265

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.R. Robbins, Jr.

Date

Daytime Phone #

(336) 878-7000

CR2E034 (11/98)