FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G01288** **(1)**

1. Corporation Name

LECLAIR FURNITURE CORP.

Principal Place of Business	Mailing Address
12951 49TH ST.. N. CLEARWATER FL 34622	12951 49TH ST.. N CLEARWATER FL 34622

3. Date Incorporated or Qualified: 09/24/1982
3a. Date of Last Report: 01/23/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: 59-2225122 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BYRD, MARTIN
505 BOUGH AVENUE
CLEARWATER FL 34622

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 ______ NOTE: Registered Agent signature required when reinstating ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	LECLAIR, FLORA M.	
STREET ADDRESS	505 BOUGH AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TCD	☐ DELETE
NAME	LECLAIR, FLORA M.	
STREET ADDRESS	505 BOUGH AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	☐ DELETE
NAME	BYRD, MARTIN	
STREET ADDRESS	505 BOUGH AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PS	☒ Change ☐ Addition
1.2 NAME	LECLAIR, FLORA M.	
1.3 STREET ADDRESS	14820 RUE DE BAYONNE #401	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34622	
2.1 TITLE	TCD	☒ Change ☐ Addition
2.2 NAME	LECLAIR, FLORA M.	
2.3 STREET ADDRESS	14820 RUE DE BAYONNE #401	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34622	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME	BYRD, MARTIN	
3.3 STREET ADDRESS	14820 RUE DE BAYONNE #401	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34622	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Flora LeClair Pres 2/19/96 (813)572-7188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — FLORA M. LECLAIR PRESIDENT | Date | Daytime Phone #

CR2E034 (12/95)