FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G04251 (6)

1. Corporate Name
SANDPIPER CASUAL FURNITURE, INC.

Principal Place of Business
14925 US 19
HUSON FL 33667

Mailing Address
14925 US 19
HUSON FL 33667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 10/12/1982
3a. Date of Last Report: 06/09/1994

2. Previous Name of Business
21
Date Adopted
22
State
23
24 25

2a. Mailing Address
26
Date Adopted
27
State
28
29 30

4. FE Number: 59-2267876
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. Does registrant qualify for exemption under 501(c) of the Internal Revenue Code? Yes No

9. Name and Address of Current Registered Agent
REID, CHAD
14925 US 19
HUDSON FL 34667

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, F.S., 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. The street address of the registered office and the name of the registered agent are identical to any of the corporate officers or directors.

Signature

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REID, CHAD
STREET ADDRESS	15050 NOON CT
CITY ST ZIP	SPRING HILL FL
TITLE	D
NAME	REID, BARBARA
STREET ADDRESS	15050 NOON CT
CITY ST ZIP	SPRING HILL FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information supplied with this report is true and accurate and that this report complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State for the preceding calendar year, and that the corporation is not dissolved or inactive. I further certify that the corporation has paid all fees due to the Department of Revenue, Sales and Use Tax, Intangibles Tax, Withholding Tax, Income/Corporate Tax, Ad Valorem Tax, Unemployment Tax, Intangibles Tax, Insurance Premium Tax, Motor Fuel Tax, Severance Tax, Solid Waste Tax, Gross Receipts Tax, Documentary Stamp Tax and Florida Corporate Income Tax.

SIGNATURE: Chad Reid / CHAD REID 4/24/95 813-862-1168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0487207 FN