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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G30788** (5)

1. Corporation Name
SOUTHERN CONTRACT FURNITURE, INC.

Principal Place of Business

**392 MELODY LANE
CASSELBERRY FL 32707
US**

Mailing Address

**392 MELODY LANE
CASSELBERRY FL 32707-3260
US**



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

03/29/1983

3a. Date of Last Report

04/16/1996

4. FEI Number

59-2266742

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

**THEALL, THOMAS E.
619 RIDGEWOOD DR
FERN PARK FL 32730**

**619 Woodridge Drive
Fern Park, FL 32730**

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's signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **GOFF, J. LESLIE**
STREET ADDRESS **619 RIDGEWOOD DR**
CITY-ST-ZIP **FERN PARK FL**

TITLE **PD** ☐ DELETE
NAME **THEALL, THOMAS E.**
STREET ADDRESS **83 CAROLWOOD LANE**
CITY-ST-ZIP **FERN PARK 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☒ Change ☐ Addition
1.2 NAME **Goff, J. Leslie**
1.3 STREET ADDRESS **824 Mystic Oak Place**
1.4 CITY-ST-ZIP **Apopka, FL 32712**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME **Theall, Thomas E.**
2.3 STREET ADDRESS **619 Woodridge Drive**
2.4 CITY-ST-ZIP **Fern Park, FL 32730**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 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:

Thomas E. Theall

THOMAS E. THEALL 3/14/97 407824-3317

CR2E034 (9/96)