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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:56

DOCUMENT # G61924 (8)

1. Corporation Name

THE FURNITURE HOSPITAL, INC.

Principal Place of Business	Mailing Address
HIGHWAY 19 P. O. BOX 3095 DONA VISTA FL 32784	HIGHWAY 19 P. O. BOX 3095 DONA VISTA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1983
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2484004 ☐ Applied For ☐ Not Applicable

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 ___

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

COLBORNE, W. DONALD
HIGHWAY 19 1 1/2 NORTH OF EUSTIS
DONA VISTA FL 32784

10. Name and Address of New Registered Agent

81 Name: Timothy P. King
82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 357
83 ___
84 City: Eustis FL 32727 FL
85 Zip Code: 32727

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 Timothy P. King [signature] 6/01/95
Signature, typed or printed name of registered agent and title if applicable — (Officer/Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	COLBORNE, W. DONALD	1.2 NAME	Timothy P. King (RA)
STREET ADDRESS	1011 PINE TREE DR.	1.3 STREET ADDRESS	P.O. Box 357
CITY ST ZIP	EUSTIS FL	1.4 CITY ST ZIP	Eustis, FL 32727
TITLE	STD	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	COLBORNE, FRANCES E.	2.2 NAME	Vickie A. King (RA)
STREET ADDRESS	1011 PINE TREE DR.	2.3 STREET ADDRESS	P.O. Box 357
CITY ST ZIP	EUSTIS FL	2.4 CITY ST ZIP	Eustis, FL 32727
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: [signature] Timothy P. King 6/01/95 904-357-0174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0416006 FP