

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H71275** (2)  
1. Corporation Name  
**LANDMARK FURNITURE GALLERIES, INC.**

FILED  
Jan 30 1997 8:00am  
Secretary of State



Principal Place of Business		Mailing Address		
<b>2010 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308</b>		<b>2810 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308-7700</b>		
2. Principal Place of Business		2a. Mailing Address		
21	26	Suite, Apt. #, etc.		
22		27	City & State	
23		28	Zip Country	
24		25	29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
<b>PYLE, JAMES L. 2810 CAPITAL CIRCLE, N.E. TALLAHASSEE FL</b>				81 Name
				82 Street Address (P.O. Box Number is Not Acceptable)
				83
				84 City
				FL 85 Zip Code

3. Date Incorporated or Qualified <b>08/14/1985</b>	3a. Date of Last Report <b>08/19/1996</b>
4. FEI Number <b>50-0104650-59-2581176</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P WHITTACKER, E TRIPPE 2006 EAST FOREST DR TALLAHASSEE FL 32303	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY - ST - ZIP			1.4 CITY - ST - ZIP	
TITLE	EVP PYLE, JAMES L. 2716 BLARESTONE CT. TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST - ZIP	
TITLE	S HARRIS, LUCY 2608 CLINE ST TALLAHASSEE FL 32312	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE	D BEVIS, A. M., JR. 3112 ORTEGA DR. TALLAHASSEE FL 32312	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. PYLE

Date:

1-24-97 385-1675  
Daytime Phone #

0047721

CR2E034 (9/96)