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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90220 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76094

1. Corporation Name

LARRY NORRIS FURNITURE GALLERY AND WALL UNIT SHO
PPE, INC.

Principal Place of Business

14181 S TAMiami TRAIL
FT. MYERS FL 33912

Mailing Address

14181 S TAMiami TRAIL
FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1985

4. FEI Number

59-2580891

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~NORRIS, LARRY~~
~~14181 S TAMiami TRAIL~~
~~FT. MYERS FL 33912~~

81 Name

Payne, Larry

82 Street Address (P.O. Box Number is Not Acceptable)

25023 Pine Water Cove LN

83

84 City

Bonita Springs

FL

85 Zip Code

33959

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 Larry Payne

Signature, typed or printed name of registered agent and title if applicable

Larry Payne

(NOTE: Registered Agent signature required when reinstating)

President

5/1/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☒ DELETE

NAME NORRIS, LARRY
STREET ADDRESS 1034 EDMERE STREET
CITY-ST-ZIP FT. MYERS FL

TITLE D ☒ DELETE

NAME NORRIS, LARRY
STREET ADDRESS 1034 EDMERE ST
CITY-ST-ZIP FT. MYERS 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

1.1 TITLE

President

☐ Change ☒ Addition

1.2 NAME

Larry Payne

1.3 STREET ADDRESS

25023 Pine Water Cove LN

1.4 CITY-ST-ZIP

Bonita Springs, FL 33959

2.1 TITLE

Director

☐ Change ☒ Addition

2.2 NAME

Larry Payne

2.3 STREET ADDRESS

25023 Pine Water Cove LN

2.4 CITY-ST-ZIP

Bonita Springs, FL 33959

3.1 TITLE

Vice President

☐ Change ☒ Addition

3.2 NAME

Ricky Grant

3.3 STREET ADDRESS

885 Twin Ponds Drive

3.4 CITY-ST-ZIP

Hickory, NC 28602

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Ricky Grant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

828-345-5217

CR2E034 (11/98)