FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam

Secretary of State
DivISION OF CORPORATIONS

1996 DOCUMENT #

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHTY - ST - ZIF

TiTLE

NAME

TITLE

NAMÉ

H87265

(5)

Mailing Address

MCCLELLAN HOME FURNISHINGS, INC.

252 E. CENT BLOUNTSTO US	RAL AVE. WN FL 32424	252 E. CENTRAL AV BLOUNTSTOWN FL US		3. Data incorporated or Qualified 12/01/1985	3a. Date of Last Report 05/01/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-2609528	Not Applicable
Suite, Apt. #,	etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & Stales		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Ζφ	Gountry 30	8. This corporation has liability for Florida Statutes X Yes	intangible tax ⊔nder si 199.032, si ∐No
1	9. Name and Address of Current F		1991	10. Name and Address of New F	
			81 Name		
	Central Avenue Tstown FL 32424		83 84 City	2 E Central Hu	FL 65 Zp Code
familiär with SIGNATURE	, and accept the obligations of Section	.007.0505, Florida Statute	S D.E. Sogadered Ade it Script in the	ward of directors. Thereby accept the app	D44
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	P	DELETE.	1 1 TITLE		Change C Add tion
IAME	MCCLELLAN, WILSON T.		1.2 NAME	6 = 6	
TREET ADDRESS	256 E. CENTRAL AVENUE		1.3 STREET ADDRESS	252 E. Central Blountstown F 252 E. Central Blountstown Fa	-Hue
DITY-ST-ZIP	BLOUNTSTOWN FL		1.4 C-1Y - \$1 - 7-P	Blountstown H	<u></u>
ITLE	ST	DEVETE	2 1 TitlE		Change Addition
IAME	MCCLELLAN, RUTH		2.2 NAME	2525 Contra	O . 4)
STREET ADDRESS	256 E. CENTRAL AVENUE		2.3 STREET ADDRESS	2026. Central	Tue
DITY - ST - ZIP	BLOUNTSTOWN FL		2.4 CITY - \$1 - ZIP	Blounstown A	
TITLE		☐ DELETE	3 1 111118		Change Add tion
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CiTY - ST - ZIP		
NTLE		☐ DEVETE	4 1 TPLE		Change 🔲 Addition
NAME			4.2 NAME		

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). Florada 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 eath; that I am an officer or director of the conjouration or the receiver or trusted 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 abdress

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STEEF LADDRESS

540 TY-\$1-ZP

4.4 C(Ty - S1 - Z)P

5 1 TITLE

5.2 NAM8

6.1 1111.6

6.2 NAME

DELETE

DELETE

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DI

4/15/96

(904) 674-8112

Change

Addition

☐ Change ☐ Addition

CR2E034 (12/95)