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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**DOCUMENT # H87265** 

(5)

MCCLELLAN HOME FURNISHINGS, INC.

Principal Place of Business Mailing Address 252 E. CENTRAL AVE 252 E. CENTRAL AVE. **BLOUNTSTOWN FL 32424** BLOUNTSTOWN FL 32424-2204 3a. Date of Last Report 3. Date Incorporated or Qualified 12/01/1985 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 59-2609528 Not Applicable Surc. Apt # etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 2mCountry Zιρ Country This corporation has liability for intangible tax under s. 199.032. 24 💋 Yes 🔲 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCLELLAN, WILSON T. **252 E CENTRAL AVE** 82 Street Address (P.O. Box Number is Not Acceptable) **BLOUNTSTOWN FL 32424** 83 84 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed hame of registered agent and tirle it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE 1.1 TITLE Change Addition NAME MCCLELLAN, WILSON T. 1.2 NAME 252 E CENTRAL AVE STREET ADDRESS 1.3 STREET ADDRESS **BLOUNTSTOWN FL** COLY ST 20 1.4 CITY-ST-ZIP DELETE THEF 2.1 TITLE Change \_\_\_ Addition MCCLELLAN, RUTH MOM 22 NAME 252 E CENTRAL AVE STREET ADDRESS 2.3 STREET ADDRESS **BLOUNTSTOWN FL** 0/1Y - S1 - 7H 2. 4 CITY - ST - ZIP TET LE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City - St - ZIE 3.4. CITY-ST-ZIP 71116 DELETE 4.1 TITLE Change Addition NAMi 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY ST ZIP 4.4 CITY-ST-ZIP THEF DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 001Y-ST-7P 5.4 CITY-ST-ZIP THE DELETE 61 TITLE Change Addition \*\*!!AF AND RESS NAUG STREET ADDRESS

ATY-ST-ZIP I do hereby certify that the information supplied with this filling does not que! ..., ne 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 ..., 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

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14. I do hereby certify that the information supplied with this filing does not que

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FILED

Apr 30 1997 8:00am

Secretary of State