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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 MAR 28 AM 11:51

DOCUMENT # **K14901** **(8)**

1. Corporation Name
BEDDING GALLERY, INC.

Principal Place of Business	Mailing Address
% ELLEN JOY DEAN 1419 RIDGEWOOD HOLLY HILL FL 32117	% ELLEN JOY DEAN 1419 RIDGEWOOD HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. # etc (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-2873089 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEAN, ELLEN JOY
4 CROOKED PINE RD
PORT ORANGE FL 32019

10. Name and Address of New Registered Agent

91 Name: Dean William Kent
92 Street Address (P.O. Box Number is Not Acceptable): 2521 Guava DR.
93
94 City: Daytona Bch. FL 95 Zip Code: 32124

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] 2/24/95
Signature of (or typed 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	PTS	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DEAN, ELLEN JOU	12 NAME	Dean William Kent	
STREET ADDRESS	4 CROOKED PINE RD.	13 STREET ADDRESS	2521 Guava DR.	
CITY-ST-ZIP	PT. ORANGE FL	14 CITY-ST-ZIP	Daytona Bch. Fl. 32124	
TITLE		21 TITLE	Secretary Treasurer	☒ Change ☒ Addition
NAME		22 NAME	Dean Cynthia Sue	
STREET ADDRESS		23 STREET ADDRESS	2521 Guava DR.	
CITY-ST-ZIP		24 CITY-ST-ZIP	Daytona Bch. Fl. 32124	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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] 2/24/95 (904)672-0594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006197 CP