


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

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K27039 (2) 1. Corporation Name Thomasville North Carolina Furniture Outlet, Inc.					
Principal Place of Business %Paul D. Pearce 110 Beeney Road Port Charlotte FL 33952			Mailing Address %Paul D. Pearce 110 Beeney Road Port Charlotte FL 33952		
2. Principal Place of Business 21 % Paul D. Pearce State, Apt. #, etc. 22 2324 Tamiami Trail City & State 23 Port Charlotte, FL Zip Country 24 33952		2a. Mailing Address 26 % Paul D. Pearce State, Apt. #, etc. 27 P.O. Box 430519 City & State 28 Big Pine Key, FL Zip Country 29 33043		3. Date Incorporated or Qualified 06/15/1988 4. FEI Number 65-0060704 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Pearce, Paul D. 110 Beeney Road Port Charlotte, FL 33952			10. Name and Address of New Registered Agent 81 Name Pearce, Paul D. 82 Street Address (P.O. Box Number is Not Acceptable) 1594 Bogie Drive 83 84 City Big Pine Key FL 85 Zip Code 33043		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE D 1.2 NAME Pearce, Paul D. 1.3 STREET ADDRESS 110 Beeney Road 1.4 CITY-ST-ZIP Port Charlotte, FL 33952			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 1.2 NAME Pearce, Paul D. 1.3 STREET ADDRESS 1594 Bogie Drive 1.4 CITY-ST-ZIP Big Pine Key, FL 33043		
2.1 TITLE <input type="checkbox"/> DELETE D 2.2 NAME Pearce, Elizabeth H. 2.3 STREET ADDRESS 110 Beeney Road 2.4 CITY-ST-ZIP Port Charlotte, FL 33952			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 2.2 NAME Pearce, Elizabeth H. 2.3 STREET ADDRESS 1594 Bogie Drive 2.4 CITY-ST-ZIP Big Pine Key, FL 33043		
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 		
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 		
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 		
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 		
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 included 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 <i>Elizabeth H Pearce</i> Elizabeth H Pearce 3-17-97 305 872 0343 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)