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Apr 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
2324 TAMiami TR  
PORT CHARLOTTE FL 33952

Mailing Address  
P O BOX 430619  
% PAUL D. PEARCE  
BIG PINE KEY FL 33043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1988	
21 Suite, Apt. #, etc.		26 110 Beeney Road SE		4. FEI Number 65-0060704	
22 City & State		27 Port Charlotte, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 33952-9709		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		30 Charlotte		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PEARCE, PAUL D. 1594 BOGIE DR BIG PINE KEY FL 33043				10. Name and Address of New Registered Agent	
				81 Name Pearce, Paul D.	
				82 Street Address (P.O. Box Number is Not Acceptable) 110 Beeney Road SE	
				83	
				84 City Port Charlotte FL 85 Zip Code 33952-9709	

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 typed or printed 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	D	1.1 TITLE	D
NAME	PEARCE, PAUL D.	1.2 NAME	Pearce, Paul D.
STREET ADDRESS	1594 BOGIE DR	1.3 STREET ADDRESS	110 Beeney Road SE
CITY-ST-ZIP	BIG PINE KEY FL 33043	1.4 CITY-ST-ZIP	Port Charlotte, FL 33952-9709
TITLE	D	2.1 TITLE	D
NAME	PEARCE, ELIZABETH H.	2.2 NAME	Pearce, Elizabeth H.
STREET ADDRESS	1594 BOGIE DR	2.3 STREET ADDRESS	110 Beeney Road SE
CITY-ST-ZIP	BIG PINE KEY FL 33043	2.4 CITY-ST-ZIP	Port Charlotte, FL 33952-9709
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Elizabeth H. Pearce

3-30-98 941 624-5645

CP2E034 (10/97)