


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

FILED

Feb 06 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 # L37058 (9)					
1. Corporation Name ALLEN BOONE'S UPHOLSTERY, INC.					
Principal Place of Business % CLAY B. TOUSEY JR 604 N. 3RD STREET JACKSONVILLE BEACH FL 32250			Mailing Address % CLAY B. TOUSEY JR 604 N. 3RD STREET JACKSONVILLE BEACH FL 32250		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1990	
21		26		4. FEI Number 59-2980853	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent TOUSEY, CLAY B., JR. 1 INDEPENDENT DRIVE 2600 JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE	P BOONE, STEPHEN L. 604 N THIRD ST JACKSONVILLE FL				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE	T BOONE, ALLEN J., JR. 604 N. 3RD ST. JACKSONVILLE BCH FL				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE	V BOONE, ERNESTINE L. 604 N 3RD ST. JACKSONVILLE FL				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE					
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE					
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 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"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 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"/> 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 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]* RE (CURE)

1-28-98

904-289-8821

CR2E034 (10/97)