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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90185 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M70594

1. Corporation Name

BILL AND JOHN'S UPHOLSTERY, INC.



Principal Place of Business

% GLENN E. BROWN
1903 TERRY LANE
TAMPA FL 33613

Mailing Address

% GLENN E. BROWN
1903 TERRY LANE
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1988

4. FEI Number

59-2872072

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Bill & John's Upholstery

Suite, Apt. #, etc.

22 1702 S. Lois Ave.

City & State

23 Tampa, FL

Zip

24 33629-5738 25 USA

2a. Mailing Address **John F. Noe**

26 1702 S. Lois Ave.

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33629-5738 30 USA

9. Name and Address of Current Registered Agent

NOE, JOHN F
1903 TERRY LANE
SUITE 900
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1702 S. Lois Ave

83

(NO suite number)

84 City

Tampa

FL

85 Zip Code

33629-5738

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 **JOHN F. NOE**

Signature, typed or printed name of registered agent and title if applicable

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
NOE, JOHN F.
STREET ADDRESS **1903 TERRY LANE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D**
HAYES, BILL L.
STREET ADDRESS **1903 TERRY LANE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME (Same)
1.3 STREET ADDRESS **1702 S. Lois Ave**
1.4 CITY-ST-ZIP **Tampa, FL 33629-5738**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME (Same)
2.3 STREET ADDRESS **1702 S. Lois Ave**
2.4 CITY-ST-ZIP **Tampa, FL 33629-5738**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **JOHN F. NOE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1999

Daytime Phone #

CR2E034 (1/98)