FILED Jul 11, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M73555 1. Entity Name 07-11-2002 90240 017 ***150.00 A. & N. FURNITURE, INC. Principal Place of Business Mailing Address % JAMES L. REDMAN % JAMES L. REDMAN 301 N. COLLINS ST. 301 N. COLLINS ST. PLANT CITY FL 33566-3315 PLANT CITY FL 33566-3315 2. Principal Place of Business 3. Mailing Address 301 S. Collins St. 301 S. Collins St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Plant Cit y. City & State City & State 4. FEI Number Applied For 33563 59-2879738.~ Plant Lit Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33563 33563 Hipllsboro Hills boro Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDMAN, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 301 N. COLLINS ST. PLANT CITY FL City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition Change HUTCHISON, ESTHER A NAME NAME 301 S. COLLINS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-8.15

813-752-3041

Daytime Phone #

☐ Change

■ Addition

R2E034 (4/0

Attachmants

A & N Furniture, Inc.

Plant City, Plorida 33566 PR

July 8, 2002

Division of Corporations State of Florida P.O. Box 1500 Tallahassee, Fl. 32302

Dear Sirs,

Enclosed a late 2002 business report form of June 6, 2002 and have never received a first time notice to menew. I called your office today and was told to send this form, a letter of explanation and a check for \$ 150.00 which I am enclosing.

Yours very truly, A & N FUR NITURE INC.

Esther A. Hutch inson
Pres.