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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M80395			
1. Corporation Name SKIDMORE'S SLEEP AND FURNITURE, INC.			
Principal Place of Business 168 HWY 41 NORTH P.O. BOX 340 INVERNESS FL 34461-0340 US		Mailing Address 168 HWY 41 NORTH P.O. BOX 340 INVERNESS FL 34461-0340 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34451 25 0340		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34451 30 0340	
9. Name and Address of Current Registered Agent SKIDMORE, HAROLD B., JR., III STATE ROAD 41 NORTH OF INVERNESS 1 MILE INVERNESS FL			
10. Name and Address of New Registered Agent 81 Name same 82 Street Address (P.O. Box Number is Not Acceptable) 168 HWY. 41 NORTH 83 INVERNESS, FL 34450 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 TITLE P <input type="checkbox"/> DELETE 1.2 NAME SKIDMORE, HAROLD B JR. 1.3 STREET ADDRESS 168 HWY 41 NORTH 1.4 CITY-ST-ZIP INVERNESS FL 2.1 TITLE S <input type="checkbox"/> DELETE 2.2 NAME SKIDMORE, HAROLD B IV 2.3 STREET ADDRESS 4300 W HORSESHOE DR 2.4 CITY-ST-ZIP BEVERLY HILLS FL 34465 3.1 TITLE <input type="checkbox"/> DELETE 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 5.1 TITLE <input type="checkbox"/> DELETE 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			
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 SKIDMORE, HAROLD B, III <input checked="" 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			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (352) 746-3450
Date Daytime Phone #

CR2E034 (11/98)