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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90065 017 \*\*\*150.00

	1999	999 DIVISION OF CORPORATIONS			02-22-1999 90065 017 ***150.00	
DOCUMENT # M80395						
SKIDMORE'S SLEEP AND FURNITURE, INC.						
Principal Place	e of Business		Mailing Address			
168 HWY 41 NO	ORTH		168 HWY 41 NORTH P.O. BOX 340			
P.O. BOX 340 INVERNESS FL 34481-0340			INVERNESS FL 34461-0340			DO NOT WRITE IN THIS SPACE
US			US			3. Date Incorporated or Qualifed 05/09/1988
2. Principal Pi	lace of Busines	SS	2a. Mailing Address			4. FEI Number Applied For
21			26			59-2896379   Not Applicable
Suite, Apt. #, etc.			Suite, Apt. # etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & State			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country	Zip	Countr	72110	8. This corporation owes the current year Intangible
24 344		·	<u> </u>	30 0	340	
	9. Name a	nd Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent  50~C
SKIDMORE, HAROLD B., JR., III						
STATE ROAD 41 NORTH OF INVERNESS 1 MILE					t Address (P.O. Box Number is Not Acceptable)	
INVERNESS FL 83					1	
				84		85 Zin Code
					'	FL
office or r	naterored agen	t or both in the State of	f Florida. Such change was au	thorized by	/ the com	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with	and accept the obligation	ons of, Section 607.0505, Flori	ida Statute	S.	Solution o South of Amount of the Control of the Co
SIGNATURE						veguired when reinstating) DATE
12.	Signature, typed or	printed name of registered agent OFFICERS AND	<u></u>	13.	ent signature a	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SKIDMORE	HAROLD B JR.		1.2 NAME		
STREET ADDRESS	168 HWY 4	1 NORTH		1.3 STRE	TADDRESS	
CITY-ST-ZIP	<b>INVERNESS</b>	S FL		1.4 CITY-	ST-ZIP	
TITLE	S	/s	☐ DELETE	2.1 TITLE		SKIDHORE, HAROUD BOTT
NAME		HAROLD B(V)		2.2 NAME		
STREET ADDRESS		PRSESHOE DR		1	ET ADDRESS	.
CITY-ST-ZIP	BEVERLY F	IILLS FL 34465	☐ DELETE	2. 4 CITY	ST-ZIP	Change Addition
TITLE			C) DELETE	3.1 TITLE		ر بر
NAME				3.2 NAME	ET ADDRESS	
STREET ADDRESS				3.3 STREE		
CITY-ST-ZIP TITLE			DELETE	41 TITLE	01-ZII	☐ Change ☐ Addition
NAME				4 2 NAME	i.	
STREET ADDRESS				4.3 STRE	T ADDRESS	6
CITY-ST-ZIP				4.4 CITY-	ST-ZIP	
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS					ET ADDRESS	5
CITY-ST-ZIP				5.4 CITY- 6.1 TITLE	SI-ZIP	Change Addition
TITLE			☐ DELETE	6.2 NAME		L Change C Adduon
NAME					ET ADDRESS	
STREET ADDRESS				0.3 STRE	. AUUNESS	

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 or an attachment with an address, with all other like empowered. CITY-ST-ZIP

**SIGNATURE:**