


FILE NOW: FILING FEE IS \$61.25

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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000966 (9)**

1. Corporation Name

SOUTHEAST UNFINISHED FURNITURE RETAILERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
523 WEST UNIVERSITY AVE. GAINESVILLE FL 32601	523 WEST UNIVERSITY AVE. GAINESVILLE FL 32601-5268

3. Date Incorporated or Qualified 02/21/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 1601 N. Main ST.	26 1601 N. Main ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Gainesville, FL.	27 Gainesville, FL.
City & State	City & State
23	28
Zip	Country
24 32609	25 USA
29 32609	30 USA

4. FEI Number 59-3371082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
JOHN S. NORTON, JR., P.A. 431 NORTH GRANDVIEW AVE., SUITE B DAYTONA BEACH FL 32118	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON, TOM	1.2 NAME	
STREET ADDRESS	523 WEST UNIVERSITY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDIN, RALPH	2.2 NAME	
STREET ADDRESS	3201 CAPITAL CIRCLE, N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32302	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARROTT, STANLEY	3.2 NAME	
STREET ADDRESS	10 HUDSON PLAZA, 435 NORTH GLYNN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE GA 30214	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tom Bolton **SIGNATURE REQUIRED** **4-30-97** **352-373-1107**

CR2E037 (9/96)