

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000018212

Entity Name: MCKINNON FURNITURE INC

FILED
Oct 05, 2006
Secretary of State

Current Principal Place of Business:

237 NORTH HWY 17
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

237 NORTH HWY 17
PALATKA, FL 32177

New Mailing Address:

FEI Number: 11-3676989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NETTLES, TROY
237 NORTH HWY 17
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

NETTLES, TROY A JR
237 NORTH HWY 17
PALATKA, FL 32177 US

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.

SIGNATURE: TROY NETTLES

10/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NETTLES, TROY
Address: 400 S 18TH ST
City-St-Zip: PALATKA, FL 32177

Title: VP () Delete
Name: KERSLAKE, WILLIAM
Address: 106 SILVER LAKE RD
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: GOODSON, DONNIE
Address: 1051 OLD GAINESVILLE HWY.
City-St-Zip: INTERLACHEN, FL 32148

Title: T () Delete
Name: SULLIVAN, KATHRYN
Address: 202 AZALEA CIR
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NETTLES, TROY A JR
Address: 400 S 18TH ST
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DRIGGERS, AMY
Address: 137 RANCHETTE WAY
City-St-Zip: PALATKA, FL 32177

Title: T (X) Change () Addition
Name: SULLIVAN, KATHRYN
Address: 202 AZALEA CIR
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY NETTLES

P

10/05/2006

Electronic Signature of Signing Officer or Director

Date