


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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15418 (7)
 1. Corporation Name
SKINNER'S FURNITURE STORE OF BREWTON, INCORPORATED

Principal Place of Business 123 MILDRED ST BREWTON AL 36426 US	Mailing Address P O BOX 389 LANETT AL 36863-0389 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1987	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 63-0399200		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HOSKIN, CHARLES P. 314 SOUTH BAYLEN STREET SUITE 201 PENSACOLA FL 32501				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
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 _____ (NOTE: Registered Agent's signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice Chairman/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKINNER, O.G.		1.2 NAME	Reeves, Charles	
STREET ADDRESS	1000 N. LANIER AVE		1.3 STREET ADDRESS	1009 N. Lanier Ave.	
CITY-ST-ZIP	LANETT AL		1.4 CITY-ST-ZIP	Lanett, Al. 36863	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	V/D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAFT, JACK J.		2.2 NAME	McLane, Daniel	
STREET ADDRESS	1000 LANIER AVENUE		2.3 STREET ADDRESS	1009 N. Lanier Ave.	
CITY-ST-ZIP	LANETT AL		2.4 CITY-ST-ZIP	Lanett, Al. 36863	
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULBRETH, R.E.		3.2 NAME	McLane, Timothy	
STREET ADDRESS	1000 N LANIER AVENUE		3.3 STREET ADDRESS	1009 N. Lanier Ave.	
CITY-ST-ZIP	LANETT AL		3.4 CITY-ST-ZIP	Lanett, Al. 36863	
TITLE	CD	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES, REEVES		4.2 NAME		
STREET ADDRESS	1000 N LANIER AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LANETT AL		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, CAROLYN S.		5.2 NAME		
STREET ADDRESS	1000 N. LANIER AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LANETT AL		5.4 CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, H.E.		6.2 NAME		
STREET ADDRESS	100 N. LANIER AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LANETT AL		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tim McLane 4-25-97 334-644-2136

CR2E034 (9/96)