FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 15 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17787** **(3)**

1. Corporation Name
SKINNER'S FURNITURE STORE OF ANDALUSIA, INCORPOR ATED

Principal Place of Business
203 E NOTCH ST
ANDALASIA AL 36420
US

Mailing Address
P. O. BOX 629
WEST POINT GA 31833-0629
US

3. Date Incorporated or Qualified: **01/27/1988**
3a. Date of Last Report: **06/11/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: **63-0282206** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HAMMOND MAURICE
708 SE HWY 19
CRYSTAL RIVER FL 32629

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
Signature, type or print name of registered agent (and title, if applicable) (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PRES**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**MARTIN, GLENN E**		1.2 NAME	
STREET ADDRESS	**1201 OG SKINNER DR**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**WEST POINT GA**		1.4 CITY-ST-ZIP	
TITLE	**VP**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**CURRY, STEPHEN L**		2.2 NAME	
STREET ADDRESS	**1201 OG SKINNER DR**		2.3 STREET ADDRESS	
CITY-ST-ZIP	**WEST POINT GA**		2.4 CITY-ST-ZIP	
TITLE	**VP**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**STEELE, JEFFERSON G**		3.2 NAME	
STREET ADDRESS	**1201 OG SKINNER DR**		3.3 STREET ADDRESS	
CITY-ST-ZIP	**WEST POINT GA**		3.4 CITY-ST-ZIP	
TITLE	**TREA**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	**STEELE, HE**		4.2 NAME	
STREET ADDRESS	**120 FRANCOLYN TERRACE**		4.3 STREET ADDRESS	
CITY-ST-ZIP	**WEST POINT GA**		4.4 CITY-ST-ZIP	
TITLE	**VP**	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	**POOL, TOMMY**		5.2 NAME	
STREET ADDRESS	**1201 OG SKINNER DR**		5.3 STREET ADDRESS	
CITY-ST-ZIP	**WEST POINT GA**		5.4 CITY-ST-ZIP	
TITLE	**CEO**	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	**STEELE, CAROLYN S**		6.2 NAME	
STREET ADDRESS	**120 FRANCOLYN TERR**		6.3 STREET ADDRESS	
CITY-ST-ZIP	**WEST POINT GA**		6.4 CITY-ST-ZIP	

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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