FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:03

DOCUMENT # P23186 (0)

1. Corporation Name
COUCH, INC.

Principal Place of Business	Mailing Address
1020 TWITCHELL ROAD DOTHAN AL 36303	1020 TWITCHELL ROAD DOTHAN AL 36303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business
21 381 Twitchell Road
22 Suite, Apt. #, etc.
23 City & State: Dothan AL
24 Zip: 36303 25 Country:

2a. Mailing Address
26 P o Box 8888
27 Suite, Apt. #, etc.
28 City & State: Dothan AL
29 Zip: 36304 30 Country:

4. FEI Number: 94-2964269 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	TORRENCE, SAMUEL M.	1.2 NAME		
STREET ADDRESS	1020 TWITCHELL RD	1.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SOLLIE, ROGER L.	2.2 NAME		
STREET ADDRESS	9115 CANBERLY DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, JANE L.	3.2 NAME		
STREET ADDRESS	1020 TWITCHELL RD	3.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL	3.4 CITY-ST-ZIP		
TITLE	VTD	4.1 TITLE		☒ Change ☐ Addition
NAME	EIDSON, WAYNE E.	4.2 NAME		
STREET ADDRESS	1020 TWITCHELL RD	4.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, CHARLES E	5.2 NAME		
STREET ADDRESS	1114 HILLBROOK RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL	5.4 CITY-ST-ZIP		
TITLE	AT	6.1 TITLE		☒ Change ☐ Addition
NAME	WARE, S. JACKSON	6.2 NAME		
STREET ADDRESS	1020 TWITCHELL RD	6.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: S Jackson Ware S. Jackson Ware 3/16/95 334-794-2621
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0486777 FP