

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P27876** (2)
1. Corporation Name
WAREHOUSE HOME FURNISHINGS DISTRIBUTORS, INC.



Principal Place of Business Mailing Address
711 BELLEVUE AVENUE DUBLIN GA 31021

3. Date Incorporated or Qualified **01/19/1990** 3a. Date of Last Report **02/27/1995**
4. FEI Number **58-1142126** 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, RON	1.2 NAME	
STREET ADDRESS	U.S. HIGHWAY 441 SO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN GA	1.4 CITY-ST-ZIP	
TITLE	SVPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRCLOTH, PHILLIP D	2.2 NAME	
STREET ADDRESS	U.S. HIGHWAY 441 S	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN GA	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, SHERWIN	3.2 NAME	
STREET ADDRESS	5000 HUTCHINS FERRY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUWANEE GA	3.4 CITY-ST-ZIP	
TITLE	CFOP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNKLER, DAVID L	4.2 NAME	
STREET ADDRESS	US HIGHWAY 441 S	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN GA	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, BAKER	5.2 NAME	
STREET ADDRESS	US HIGHWAY 441 S	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN GA	5.4 CITY-ST-ZIP	
TITLE	EVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLIN, JERRY	6.2 NAME	
STREET ADDRESS	US HIGHWAY 441 S	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN GA	6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Phillip D. Faircloth SVP Treasurer

912-275-6112

CR2E034 (12/95)