

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

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**Feb 05 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 # P36140 (2)
1. Corporation Name
SHELBY WILLIAMS INDUSTRIES, INC.



Principal Place of Business P.O. BOX 1028 MORRISTOWN TN 37816	Mailing Address P.O. BOX 1028 MORRISTOWN TN 37816-1028
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3. Date Incorporated or Qualified 10/25/1991	3a. Date of Last Report 01/26/1996
4. FEI Number 62-0974443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 the applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	STEINFELD, MANFRED
STREET ADDRESS	1300 LAKESHORE DRIVE -34
CITY- ST- ZIP	CHICAGO IL 60610
TITLE	VC <input type="checkbox"/> DELETE
NAME	STEINFELD, PAUL N.
STREET ADDRESS	1918 CHEROKEE DRIVE
CITY- ST- ZIP	KNOXVILLE TN
TITLE	P <input type="checkbox"/> DELETE
NAME	COULTER, R.P.
STREET ADDRESS	968 WOODDALE ROAD
CITY- ST- ZIP	MORRISTOWN TN
TITLE	EV <input type="checkbox"/> DELETE
NAME	BARILE, PETER
STREET ADDRESS	616 WINDRIDGE LANE
CITY- ST- ZIP	MORRISTOWN TN 37814
TITLE	VP <input type="checkbox"/> DELETE
NAME	FERRELL, SAM
STREET ADDRESS	437 CARROLL ROAD
CITY- ST- ZIP	MORRISTOWN TN
TITLE	V <input type="checkbox"/> DELETE
NAME	GURLEY, DENNIS
STREET ADDRESS	1309 BLAES DRIVE
CITY- ST- ZIP	MORRISTOWN TN 37814

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ **1/6/97** **(423)586-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)