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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P93000014532

1. Corporation Name

SUPERIOR BEDROOMS, INC.

Principal Pla	ce of Business	Mailing
4475 MOBILE	HWY	4475 MC
PENSACOLA I	FL 32506	PENSAC

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90166 036 ***150.00



			*****				_	#			
Principal Place of Business Mailing Address											
4475 MOBILE HWY PENSACOLA FL 32506		4475 MOBILE HWY									
		PENSA	COLA FL 32506				1	DO NOT WRI	E IN THIS	SPACE	
							3	. Date Incorporated or Qualifed	12 114 11110		
							"	02/18/1993			ł
2 Principal P	lace of Business	2a. Ma	iling Address				4.	FEI Number			Applied For
		26						59-3167879			Not Applicable
Suite, Apt.	# etc		ite, Apt. #, etc.				-	· ·			Additional
22	, oto.	27					5.	. Certifcate of Status Desired			Required
City & State	е		y & State				- 6.	Election Campaign Financing		\$5.0	0 May Be
23	-	28	•				•	Trust Fund Contribution			d to Fees
Zip	Country	Zip		Co	untry		8.	. This corporation owes the curr	ent year Inta	ingible	
24	25	29		30			1	Personal Property Tax.	,	ŬYes	□No
	9. Name and Address of Curre		d Agent				10.	. Name and Address of New F	egistered A	Agent	
					81	Name					
	ens, elmer d				82	Etroot Add	Iroce /E	P.O. Box Number is Not Accepts	hle)		
37 BAYSHORE DR			02	82 Street Address (P.O. Box Number is Not Accepta							
PENS	SACOLA FL 32507				83						
										7:	in Code
					84	City			FL		p Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1	508, Florida Statu	ites, the	bove	-named con	poratio	on submits this statement for the	purpose of	changing	its registered
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Stations of, Se	Such change was ction 607.0505, FI	authonze orida Sta	a by tutes:	ine corporati	ION S D	opard of directors. I hereby accep	it the appoir	ilineili as	registered
_		,									
SIGNATURE	Signature, typed or printed name of registered a	gent and title if app	licable. (NOT	E. Registers	d Agen	t signature requir			DATE		
12.		ND DIRECT		13.		,		ADDITIONS/CHANGES TO OF	ICERS AN		
TITLE	P		☐ DELETE	1,1 T	ITLE					Chang	e
NAME	GITHENS, ELMER D			1.2 N	AME						
STREET ADDRESS	37 BAYSHORE DR			1.3 5	TREET	ADDRESS					Į.
CITY-ST-ZIP	PENSACOLA FL 32507			1.4 (ITY-S	r-ZIP					
TITLE			☐ DELETE	2.11	IILE					Chang	ge
NAME				2.2 1	IAME						
STREET ADDRESS				2.3 5	TREET	ADDRESS					
CITY-ST-ZIP				2.4	CITY-S	T-ZIP					
TITLE			DELETE	3.11	TLE					Chang	je 🗌 Addition
NAME				3.21	AME						
STREET ADDRESS				335	TREET	ADDRESS					
CITY-ST-ZIP				34.	CITY-S	T-ZIP					
TITLE			☐ DELETE	4.11	TILE					Chang	ge
NAME				4, 2	NAME	-					}
STREET ADDRESS				4.3 \$	TREET	ADDRESS					
CITY-ST-ZIP				4.4 (ITY-S	r-ZIP		_			
TITLE			☐ DELETE		TTLE					Chang	ge 🔲 Addition.
NAME				5.21	IAME	ĺ					ſ
STREET ADDRESS				5.3 5	TREET	ADDRESS					l
CITY-ST-ZIP				5.4 (лтү-\$	r-z)P					
TITLE			☐ DELETE	6.17	ΠLE					☐ Chang	ge 🔲 Addition
NAME				6.21	IAME						
STREET ADDRESS				6.3 8	TREET	ADDRESS					
CITY-ST-7IP				6.4 0	ITY-S	r-ZIP					

14. 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, with all other like empowered.

SIGNATURE: