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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

	1996	DIVISION OF	CORPORATI	ON9		
1. Corporation	MENT # P9300 TAL BEDDING, INC.	0018599 (9	))		I JABINARI NA SANAR MINI ARMI ARMI	SI BBNG BOSG SIEGE HEGDI EURO IBNG IBNG AGA
Principal Place	of Business	Mailing Address	<b></b>			
		_	_			
1529 GULF BEACH HIGHWAY PENSACOLA FL 32507		PO BOX 1844 PENSACOLA EL 32584	PO BOX 1844 PENSACOLA FL 32584-1844			
US		remonder te agor	1077		3. Date incorporated or Qualified	3a. Date of Last Report
					03/11/1993	01/31/1995
2. Principal Pla	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			63-1086158	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
City & State		Crt. 9 Cross				Fee Required
23	•	City & State			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	······································	8. This corporation has liability for	
24	25	29	30			No
	9, Name and Address of Curren	t Registered Agent		Т	10. Name and Address of New F	Registered Agent
0.7.00	PP001701101101101		81	Name		
C T CORPORATION SYSTEM			82	Street Addi	ress (P.O. Box Number is Not Acceptat	ole)
J200 S PINE ISLAND RD PLANTATION FL 33324			63	J		
rpain	WON FL 33324					
ı,			64	City		FI 85 Zip Code
SIGNATURE	Signy ure, an extror product name of register-silagent	briell (two	Tt. Hogistered Ago	ooration's boar nt sgrature require		DÄTE
<b>12.</b> TITLE ::	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	
NAME	ROZZELLE, JOHNNY L	L) bitter	1 1 DillE 12 NAME			Change Addition
STREET ADDRESS	1529 GULF BEACH HIGHWA	Y	I	LADORESS		
CITY-ST-ZIP	PENSACOLA FL	·•	1.0 OH 2.			
TITLE	S	DELETE	2 1 YIILE			Change Addition
NAME	ROZZELLE, BETTY A		2 2 NAME			
STREET ADDRESS	1529 GULF BEACH HIGHWA	Y	23 STREE	1 ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	F3 pp. pr.	2 4 CITY -			
TITLE NAME		☐ DECETE	3 1 TITLE 3 2 NAME			Change Addition
STREET ADDRESS			- B	EL ADDRESS		
CITY-ST-ZIP			3.3 STREE			
TITLE		☐ DELETE	4 1 11F.E			Change Addition
NAME			4 2 NAME			- <del>-</del>
STREET ADDRESS			4 3 STREE	T ADDRESS		
CITY - ST - ZIP			4 4 CITY -			
TITLE		☐ DELETE	5 1 111.6			Change Add tion
NAME STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP				1 ADDRESS		
TITLE		DELETE	5.4 CiTy - 6.1 Tible		CUU20171	ange ☐ Addition
NAME			6.2 NAME		<b>6000018:</b> -07/15/96010	7/ 114037 7/
STREET ADDRESS			6.3 STREE	I ADDRESS	***225,00	/15
CITY - ST - ZIP			6.4 CITY -	ST-7IP	220,00	ور ً

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)(k), 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 SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-96

904-434-000

Daytime Phone i

CR2E034 (12/95)