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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000046672 (0)

## REYNOLDS TREASURE COAST HOME FURNISHINGS. INC.

SIGNATURE AND TYPED OR PHINTED PAME OF SIGNING OFFI

E OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

Principal Place of Business Mailing Address 1610 U.S. HWY, 1 1610 U.S. HWY, 1 VERO BEACH FL 32960 VERO BEACH FL 32960 3. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1993 07/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3188045 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo REYNOLDS, BRITT 82 Street Address (P.O. Box Number is Not Acceptable) 310 WOODCREST DRIVE FT. PIERCE FL 34945 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIFLE DELETE 1. 1 TITLE ☐ Change Addition REYNOLDS, BRITT NAME 1.2 NAME 1610 U.S. HWY. 1 STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Change □ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-S1-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4. 1 71TLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETÉ 5. 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 64 CITY-ST-ZIP 14. Ido 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (12/95)