

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000046672 (0)

1. Corporation Name

REYNOLDS TREASURE COAST HOME FURNISHINGS, INC.

Principal Place of Business

**1610 U.S. HWY. 1
VERO BEACH FL 32960**

Mailing Address

**1610 U.S. HWY. 1
VERO BEACH FL 32960**



3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

07/19/1995

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

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYNOLDS, BRITT
310 WOODCREST DRIVE
FT. PIERCE FL 34945**

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
NAME **D REYNOLDS, BRITT**
STREET ADDRESS **1610 U.S. HWY. 1**
CITY-ST-ZIP **VERO BEACH FL 32960**

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE
NAME ☐ DELETE

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition

TITLE
NAME ☐ DELETE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE
NAME ☐ DELETE

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition

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NAME ☐ DELETE

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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4.1 TITLE
4.2 NAME ☐ Change ☐ Addition

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NAME ☐ DELETE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
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5.1 TITLE
5.2 NAME ☐ Change ☐ Addition

TITLE
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5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
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6.1 TITLE
6.2 NAME ☐ Change ☐ Addition

TITLE
NAME ☐ DELETE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

(407) 562-3883

Daytime Phone

CR2E034 (12/95)