

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000056147 (0)**

1. Corporation Name

FLORIDA FURNISHINGS, INC.

Principal Place of Business

**2777 UNIVERSITY BLVD. W.
SUITE 37
JACKSONVILLE FL 32217
US**

Mailing Address

**2777 UNIVERSITY BLD. W.
SUITE 37
JACKSONVILLE FL 32217
US**



3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3197946

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**HOULD, STEPHEN A ESQ
708 N. THIRD STREET
JACKSONVILLE BEACH FL 32250**

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 607.1506, 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 of corporation's authorized officer or director (if applicable)

Signature of Registered Agent (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**D
NAME MORELL, MARY JANE
STREET ADDRESS 2777 UNIVERSITY BLVD. W., SUITE 37
CITY-ST-ZIP JACKSONVILLE FL**

☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. TITLE

2. NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(a), 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:

Mary Jane Morell, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 904/730-8633
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)