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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000064470 (6)

MATTRESS BARN, INC.

Block 12 or Block 13 if changed, or on an-

FILED Jan 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3708 N US 1 3708 N US 1 COCOA FL 32926 COCOA FL 32926 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u>Cideo</u> Rd 581 C Suite, Apl. #, etc. 59-3201683 21 Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Brevaro 24 25 Personal Property Tax due June 30 ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOLDING, RONALD D 804 W NEW HAVEN AVE 82 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 83 City Zip Code 85 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 agont, 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 a recept the original section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Addition TITLE 1.1 TITLE Change **BOLDING, RONALD D** 12 NAME NAME 581 CIDCO ROAD STREET ADDRESS 1.3 STREET ADDRESS **COCOA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE **BOLDING, BRENDA** 2.2 NAME 581 CIDCO ROAD STREET ADDRESS 2.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 2 4 CITY - ST - 7/P DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TIFLE NAME 4.2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the information supplied with this filling 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 logal 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

Ronald & Idia

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