

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 16 1997 8:00am
Secretary of State

DOCUMENT # P93000075175 (8)

1. Corporation Name

S & S CONTRACT FURNITURE, INC.

Principal Place of Business

1025 MILLER DRIVE
STE 139
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

P. O. BOX 150835
ALTAMONTE SPRINGS FL 32715
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

06/21/1996

4. FEI Number

59-3208880

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

STILLS, GARY E.
140 S. ALLISON AVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

STILLS, GARY E.

82 Street Address (P.O. Box Number is Not Acceptable)

1405 S. ALLISON AVE

83

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above
office or registered agent, or both, in the State of Florida. Such change was authorized by
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.

SIGNATURE: *Gary E. Stills*
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

9/12/97
Date when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME STILLS, GARY E
STREET ADDRESS 140 S. ALLISON AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
NAME STILLS, GARY E
STREET ADDRESS 1405 S. ALLISON AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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: *Gary E. Stills*

GARY E. STILLS

9/12/97 407-767-6515

CR2E034 (4/97)