

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 11:07

DOCUMENT # P94000025834 (0)

1. Corporation Name

FURNITURE EXCHANGE II, INC.

Principal Place of Business

Mailing Address

565 AUGUSTA BLVD.
APT. 4
NAPLES FL 33962

565 AUGUSTA BLVD.
APT. 4
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/30/1994

4. Fed Number

15-0566831

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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4175 mercantile ave

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Naples FL

28

24 Zip

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, JAMES C JR.
1725 COUNTY ROAD 951
STE. 108 PINE PLAZA
GOLDEN GATE FL 33999

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 of current registered agent and the applicable date)

(Signature of Registered Agent (signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME EVANS, PATRICIA A
STREET ADDRESS 565 AUGUSTA BLVD. APT. 4
CITY ST ZIP NAPLES FL 33962

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE D
NAME EVANS, WILLIAM F
STREET ADDRESS 565 AUGUSTA BLVD. APT. 4
CITY ST ZIP NAPLES FL 33962

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE D
NAME DEAN, DAVID E
STREET ADDRESS 565 AUGUSTA BLVD. APT. 4
CITY ST ZIP NAPLES FL 33962

31 TITLE ☒ Change ☐ Addition
32 NAME David Dean is no
33 STREET ADDRESS longer a director
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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:

William F. Evans (William F. EVANS) 7/17/95 941 643 2296
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)