

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morahan  
Secretary of State  
Tallahassee, Florida 32399-0400

DOCUMENT # **P94000026223 (5)**

THE FURNITURE DELIVERY COMPANY, INC.

Principal Office Address: 1757 OVERSEAS HWY MARATHON FL 33050  
 Mailing Address: 1757 OVERSEAS HWY MARATHON FL 33050

3. Filing Date: 04/04/1994  
 4. Filing Fee: 65-0491358  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 7. This corporation has failed to pay corporate tax under 219.0005, Florida Statutes:  Yes  No

2. Principal Office City, State, and ZIP Code: 21  
 2a. Mailing Address: 26  
 22. State Agent # (if any): 27  
 23. City & State: 28  
 24. Name: 25. Title: 29. Name: 30. Title:

9. Name and Address of Current Registered Agent  
**ELWELL, ROSS**  
 1757 OVERSEAS HWY  
 MARATHON FL 33050

10. Name and Address of New Registered Agent  
 81. Name: **ROSS ELWELL**  
 82. Street Address (P.O. Box Number is Not Acceptable):  
 83. **1757 OVERSEAS HWY**  
 84. City: **MARATHON FL** 85. Zip Code: **33050**

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and a valid file of the department of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1	NAME: <b>ROSS ELWELL</b>
12.2	STREET ADDRESS: <b>1757 OVERSEAS HWY</b>
12.3	CITY, STATE, ZIP: <b>MARATHON FL 33050</b>
12.4	NAME: <b>JANICE ELWELL</b>
12.5	STREET ADDRESS: <b>1757 OVERSEAS HWY</b>
12.6	CITY, STATE, ZIP: <b>MARATHON FL 33050</b>
12.7	NAME:
12.8	STREET ADDRESS:
12.9	CITY, STATE, ZIP:
12.10	NAME:
12.11	STREET ADDRESS:
12.12	CITY, STATE, ZIP:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IF ANY)

13.1	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	STREET ADDRESS:	
13.3	CITY, STATE, ZIP:	
13.4	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	STREET ADDRESS:	
13.6	CITY, STATE, ZIP:	
13.7	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	STREET ADDRESS:	
13.9	CITY, STATE, ZIP:	
13.10	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11	STREET ADDRESS:	
13.12	CITY, STATE, ZIP:	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the privileges stated in the law. I am a resident of the State of Florida. I hereby certify that this Corporation is in good standing, the annual report or biennial annual report is filed and in compliance with the law, and that the registered office and registered agent are in compliance with the law. I am familiar with and a valid file of the department of Section 607.0505, Florida Statutes, and that my name appears on Block 12 of Block 13 of this document with an asterisk.

SIGNATURE: **Ross Elwell**  
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROSS ELWELL**