

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90008 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000033054

1. Corporation Name
MID-FLORIDA TEXTILES AND FURNISHINGS, INC.



Principal Place of Business 4677 L. B. MCLEOD ROAD SUITE G ORLANDO FL 32811	Mailing Address 4677 L. B. MCLEOD ROAD SUITE G ORLANDO FL 32811
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 04/28/1994	4. FEI Number 59-3256432	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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No		

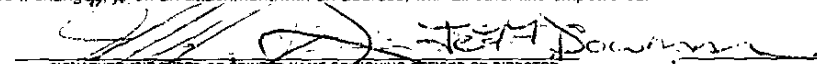
9. Name and Address of Current Registered Agent DOWMAN, WALTER 10731 PRIEBE ROAD CLERMONT FL 34711		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOWMAN, WALTER J	1.2 NAME	
STREET ADDRESS	10731 PRIEBE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	Richard A. Budnik
STREET ADDRESS		2.3 STREET ADDRESS	1204 Shady Lane Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando FL 32804
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Secretary / Treasurer
STREET ADDRESS		3.3 STREET ADDRESS	GARY L. ARWIN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	463 Lytham Circle
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  **3/18/99 (407) 922-5750**

CR2E034 (11/98)