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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000057155**1. Corporation Name

STRICK'S NEW & USED FURNITURE & APPLIANCES, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90093 040 ***150.00



					- I I BOLLOOL STON SPILL OF SERVIN ANNIE MOTER OFFICE AFFILL LOND I LINE FOR EACH AND	
Principal Place	of Business	Mailing Address				
3187 NORTH LAI JACKSONVILLE I		3187 NORTH LANE AVENUE JACKSONVILLE FL 32254			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
					3. Date Incorporated or Qualifed 08/01/1994	
2 Original Pla	aco of Rusiness	2a. Mailing Address			4. FEI Number Applied For	·
2. Principal Place of Business		26			59-3267026 Not Applicat	ble
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	1
		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	ļ
_ '		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible	Į
	25	29 30	D		Personal Property Tax.	
24	9. Name and Address of Current				10. Name and Address of New Registered Agent	\dashv
			8	1 Name		
AKEL	, Daniel D		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
2301 INDEPENDENT SQUARE				Succina		
ONE INDEPENDENT DRIVE			8	3		Ì
	SONVILLE FL 32202		L		85 Zip Code	
			8	4 City	FL S Z P S S S S S S S S S	
	Signature, typed or printed name of registered agen	tuna and tree	egistered Ag	gent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
12.		D DIRECTORS DELETE	1.1 TITLE	: "	Change Ad	dition
TITLE	DP OTBIONI AND LOT T		1.2 NAM			
NAME	STRICKLAND, JOE T			ET ADDRESS		
STREET ADDRESS	3187 NORTH LANE AVENUE JACKSONVILLE FL 32254			-ST-ZIP		
CITY-ST-ZIP	TAUNSUNVILLE FL 32234	☐ DELETE	2.1 TITLE		☐ Change ☐ Ad	dition
TITLE	EDDIE STRICKLAND		2.2 NAM	E		
NAME				ET ADDRESS	»	ļ
STREET ADDRESS	8363 ROCKLAND DR			/-ST-ZIP	<u> </u>	
CITY-ST-ZIP	JACK FL 32221 V	☐ DELETE	3.1 TITL		☐ Change ☐ Ad	Idition
TITLE	ARNOLD WASDIN		3.2 NAM	1		l
NAME	2174 N.EDGEWOOD AVE		3.3 STR	EET ADDRESS		
STREET ADORESS	JACKSONVILLE FL 32254			Y-ST-ZIP		
CITY-ST-ZIP TITLE	S	☐ DELETE	4.1 TITL		☐ Change ☐ Ad	dition
	EDWIN STRICKLAND		4. 2 NA	/E		
NAME	3222 WALTER ROAD			EET ADDRESS		ļ
STREET ADDRESS	JACKSONVILLE FL 32221		1	-ST-ZIP		j
CITY-ST-ZIP	UNONOOITAILET I F REEF !	☐ DELETE	5.1 TITL		☐ Change ☐ Ac	ddition
NAME.			5.2 NAM	Œ		
(5.3 STR	EET ADDRESS	·	
STREET ADDRESS			5.4 CIT	/-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITL	E	☐ Change ☐ Ac	ddition
1			6.2 NAA	AE		
NAME STREET ADDRESS			6.3 STR	EET ADDRESS		
STREET ADDRESS			6.4 CIT	Y-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.