

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000060060 (8)**

1. Corporation Name

FURNITURE REPAIR OF FLORIDA, INC.



Principal Place of Business

**2250-5 S NOVA RD
S DAYTONA FL 32119**

Mailing Address

**2250-5 S NOVA RD
S DAYTONA FL 32119**

3. Date Incorporated or Qualified
08/11/1994

3a. Date of Last Report
08/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **2800 S. NOVA ROAD**

26 **162 BRANDY HILLS DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE F-1**

27

City & State

City & State

23 **S. DAYTONA, FL.**

28 **PORT ORANGE, FL**

Zip

Country

Zip

Country

24 **32119**

25

29 **32119**

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODGERS, ALAN W
1050 S MASSACHUSETTS AVE
DELAND FL 32724**

81 Name **ALAN W. RODGERS**

82 Street Address (P.O. Box Number is Not Acceptable)
162 BRANDY HILLS DR

83

84 City **PORT ORANGE, FL** 85 Zip Code **32119**

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 typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D
RODGERS, ALAN W**
STREET ADDRESS **162 BRANDY HILLS DR**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 119.07(3)(k), 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:

ALAN W. RODGERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date

904 322 3959
Daytime Phone #

CR2E034 (12/95)