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

APPROVED AND FILED

95 MAY -1 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063181 (9)

1. Corporation Name

BEDQUARTERS, INC.

Principal Place of Business	Mailing Address
1605 MAIN ST SUITE 1001 SARASOTA FL 34236	1605 MAIN ST SUITE 1001 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3938 S. TAMIAMI TRAIL	26 3938 S. TAMIAMI TRAIL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA, FLORIDA	City & State 28 SARASOTA, FLORIDA
ZIP / County 24 34231 / 25	ZIP / County 29 34231 / 30

4. FEI Number: 65-0516590 ☐ 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. Does corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1605 MAIN ST
SUITE 1001
SARASOTA FL 34236

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 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: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	~~D~~	11 TITLE	☒ Change ☐ Addition
12 NAME	~~PERRY, KATHY~~	12 NAME	DELETE
13 STREET ADDRESS	~~1605 MAIN ST SUITE 1001~~	13 STREET ADDRESS	
14 CITY ST ZIP	~~SARASOTA FL 34236~~	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☒ Change ☐ Addition
22 NAME	NICHOLS, ROBERT G	22 NAME	D, P, AS, T
23 STREET ADDRESS	1605 MAIN ST SUITE 1001	23 STREET ADDRESS	3900 SOUTH LOCKWOOD RIDGE ROAD, #29
24 CITY ST ZIP	SARASOTA FL 34236	24 CITY ST ZIP	SARASOTA, FLORIDA 34231
31 TITLE		31 TITLE	☐ Change ☒ Addition
32 NAME		32 NAME	S, AT
33 STREET ADDRESS		33 STREET ADDRESS	MARY J. NICHOLS
34 CITY ST ZIP		34 CITY ST ZIP	3922 CHAUCER LANE SARASOTA, FLORIDA 34241
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	300001493313
43 STREET ADDRESS		43 STREET ADDRESS	-05/18/95--01041--025
44 CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this report is absolutely true and correct and 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 above, or on an attachment with an address.

SIGNATURE: Robert G. Nichols President 4/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Telephone Number

0411010 CP