

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 # P94000063260 (1)

1. Corporation Name

COPELAND FURNITURE SERVICES, INC.



Principal Place of Business

2059 19TH STREET
SARASOTA FL 34234
US

Mailing Address

2059 19TH STREET
SARASOTA FL 34234
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COPELAND, TERRY E
2059 19TH STREET
SARASOTA FL 34234

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0514732

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 has liability for intangible tax under s 199.032,
Florida Statutes

☐ Yes

☒ No

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PVTS
COPELAND, TERRY E
2059 19TH STREET
SARASOTA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME ☐ Change ☐ Addition

1.2 STREET ADDRESS 13 STREET ADDRESS

1.3 CITY-ST-ZIP 14 CITY-ST-ZIP

2.1 TITLE 22 NAME ☐ Change ☐ Addition

2.2 STREET ADDRESS 23 STREET ADDRESS

2.3 CITY-ST-ZIP 24 CITY-ST-ZIP

3.1 TITLE 32 NAME ☐ Change ☐ Addition

3.2 STREET ADDRESS 33 STREET ADDRESS

3.3 CITY-ST-ZIP 34 CITY-ST-ZIP

4.1 TITLE 42 NAME ☐ Change ☐ Addition

4.2 STREET ADDRESS 43 STREET ADDRESS

4.3 CITY-ST-ZIP 44 CITY-ST-ZIP

5.1 TITLE 52 NAME ☐ Change ☐ Addition

5.2 STREET ADDRESS 53 STREET ADDRESS

5.3 CITY-ST-ZIP 54 CITY-ST-ZIP

6.1 TITLE 62 NAME ☐ Change ☐ Addition

6.2 STREET ADDRESS 63 STREET ADDRESS

6.3 CITY-ST-ZIP 64 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:

Terry E. Copeland - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-355-5324

CR2E034 (12/95)