

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

APPROVED
AND
FILED

MAY 10 1995

COLLECTOR OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072521 (5)

ASSOCIATED FURNITURE, INC.

1596 MEADOWCREST BLVD
CRYSTAL RIVER FL 34429

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CRYSTAL RIVER FL 34429

3. Corporation incorporated in 2/2/1994 3a. Date of last report
10/03/1994

4. FEE NUMBER 59-3277621 4a. FEE APPLICABLE
Approved For Not Applicable

5. Certificate of Status, Demand ☐ \$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 unreported tax under 192.01,
Florida Statutes ☐ Yes ☒ No

2. Principal Office Address 2a. Mailing Address
21 26 ASSOC FUR & CAB'S
P.O. BOX 708
HOMOS SPGS FL
34447-0708

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POST, THOMAS A
1596 MEADOWCREST BLVD.
CRYSTAL RIVER FL 34429

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing its registered office
as required by part one of the Florida Statutes, and that the 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 qualifications of the person named in the Florida Statutes.

Signature

Signature of Registered Agent

Signature

12. OFFICERS, DIRECTORS, AND SHAREHOLDERS
NAME D
POST, THOMAS A
390 N. GRIFFIN AVE.
CRYSTAL RIVER FL 34429
NAME D
MAHONEY, ANNETTE D
390 N. GRIFFIN AVE.
CRYSTAL RIVER FL 34429

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND SHAREHOLDERS
NAME ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to be the registered agent for the corporation named in this filing. I further
certify that the corporation is in good standing with the state of Florida and that the corporation is not in default of any of its obligations to the state of Florida. I hereby certify that the
information supplied with this filing is true and correct, and that I am duly qualified to be the registered agent for the corporation named in this filing. I further
certify that the corporation is in good standing with the state of Florida and that the corporation is not in default of any of its obligations to the state of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95 5630770