

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000072521 (5)

1. Corporation Name

ASSOCIATED FURNITURE, INC.



Principal Place of Business

Mailing Address

1596 MEADOWCREST BLVD.  
CRYSTAL RIVER FL 34429

ASSOC FUR & CAB'S  
P.O. BOX 708  
HOMOS SPRINGS FL 34447-0708  
US

3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

05/10/1995

2. Principal Place of Business

2a. Mailing Address

21 1596 meadowcrest blvd

4. FEI Number

59-3277621

Applied For

Not Applicable

22 Suite, Apt #, etc

26 Suite, Apt #, etc

\$8.75 Additional  
Fee Required

23 City & State

27 CRYSTAL RIVER FL

5. Certificate of Status Desired

☐

\$5.00 May Be  
Added to Fees

24 Zip

Country

28 Zip

Country

25 34429

30 US

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

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. 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

Tom Post

Signature type for printed name of registered agent and line if applicable

(NOTE: Required Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME POST, THOMAS A  
STREET ADDRESS 390 N. GRIFFIN AVE.  
CITY - ST - ZIP CRYSTAL RIVER FL 34429

11 TITLE ☐ Change ☐ Addition

TITLE D DELETE

NAME MAHONEY, ANNETTE D  
STREET ADDRESS 390 N. GRIFFIN AVE.  
CITY - ST - ZIP CRYSTAL RIVER FL 34429

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

14 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

15 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

16 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tom Post

Tom Post

6-13-96

904

563 0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)