

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90037 002 ***158.75

DOCUMENT # P94000075943

1. Corporation Name
FLORIDA MATTRESS OUTLET, INC.

Principal Place of Business

38445 CR 54 EAST
ZEPHYRHILLS FL 33540
US

Mailing Address

1888 MCKINLEY STREET
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 38445 CR 54 EAST
Suite, Apt. #, etc.

4. FEI Number

59-3275572

Applied For

Not Applicable

22 City & State

23 Zip Country

24 25 33540

27 City & State

28 ZEPHYRHILLS, FL

29 30 33540 PASCO

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

PARKER, WILLIAM L
1888 MCKINLEY ST.
CLEARWATER FL 34625

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE

NAME PARKER, BEVERLY A
STREET ADDRESS 1888 MCKINLEY STREET
CITY-ST-ZIP CLEARWATER FL 34625

TITLE PSTD ☐ DELETE

NAME PARKER, WILLIAM L
STREET ADDRESS 1888 MCKINLEY STREET
CITY-ST-ZIP CLEARWATER FL 34625

TITLE VD ☐ DELETE

NAME PARKER, CHRISTOPHER L
STREET ADDRESS 1888 MCKINLEY STREET
CITY-ST-ZIP CLEARWATER FL 34625

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. PARKER 4-29-99 7813 780-7353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)