

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000085054 (2)

1. Corporation Name

NORTH NAPLES UPHOLSTERY, INC.



Principal Place of Business

Mailing Address

~~4000 9TH STREET NORTH~~
NAPLES FL 33940

4390 9TH STREET NORTH
NAPLES FL 33940

2. Principal Place of Business

2a. Mailing Address

21 1849 TRADE CENTER WAY

26 1849 TRADE CENTER WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Naples, FL

28 Naples, FL

Zip Country

Zip Country

24 34108

29 34108

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, TED E

4390 9TH STREET NORTH 1849 TRADE CENTER WAY
NAPLES FL 33940-34108

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 their application

(NOTE: Registered Agent signature required when reapplying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE

NAME KING, TED E
STREET ADDRESS 4000 9TH STREET NORTH
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

1849 TRADE CENTER WAY
NAPLES, FL 34108

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-ST-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-ST-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-ST-ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ted E. King

TED E. KING

7-8-96

941-597-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)