

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

DOCUMENT # P95000033597  
1. Corporation Name

PACC Furniture Inc

Principal Place of Business

Mailing Address

4592 Chuckla Hwy  
PACC FL 32571

SAME

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

Robert Cates

4592 Chuckla Hwy  
PACC FL 32571

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, office or registered agent, or both, in the State of Florida. I am familiar with and accept the role of

607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

JUL-21-99 WED 01:43 PM

2

7/21/99

Leslie Sellers

Re: Letter Number: 399A00035783

Your office returned the enclosed annual report and check to us because we did not explain in writing why it was not properly filed by May 1st, as required.

After talking with you on the first of July, our total goal was to get this paid ASAP. We greatly appreciated you allowing us to pay this without the penalty.

I failed to consider the numerous phone calls you must receive each day. We did not receive any paperwork at all concerning this annual corporation fee. This business was purchased in June 1998 and without receiving any prior notification, we were simply not aware that we were responsible to pay this.

You clearly stated that this would be the only time that you would waive the penalty. We are very grateful and I assure you we have taken steps to be sure this will never be late again.

*I thank you!*

*Betty Cat*

*Sec-Treas*

*Letter prepaid by our accountant, filed to us. Thx for your consideration!*