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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 4

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

P95000048559 (5)

TOWN N' COUNTRY WATERBED OUTLET. INC.

Principal Place of Business Mailing Address 7710 W HILLSBOROUGH AVE 7710 W HILLSBOROUGH AVE TAMPA FL 33615 TAMPA FL 33615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/15/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3319985 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Do City & State -Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRANT, GEORGE 7710 W HILLSBOROUGH AVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 83 Zip Code 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. DATE Signature, typed or printed namin of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE PD 1.1 TOLE TITLE GRANT, GEORGE 1.2 NAME NAME 7710 W HILLSBOROUGH AVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY - ST- ZIP CITY-ST-ZIP ■ Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

53 STREET ADDRESS

5.4 CITY - ST - ZIP

64 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. GOOGG G GOANT ~ 1 (/ 1 as (812) 2 1487805

Change

☐ Addition

FILED

Feb 20 1998 8:00am

Secretary of State