

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 OCT 21 PM 12:46

DOCUMENT # P95000058114

1. Corporation Name
Direct Furniture, Inc.

Principal Place of Business Mailing Address
205 E Gulf To Lake Hwy Lecanto, FL 34461 205 E Gulf To Lake Hwy Lecanto, FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
July 25, 1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3329853	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Michael W Sims Sr
205 E Gulf To Lake Hwy
Lecanto, FL 34461

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Treasurer <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael W Sims Sr	1.2 NAME	Michelle Josey
STREET ADDRESS	205 E Gulf To Lake Hwy	1.3 STREET ADDRESS	205 E Gulf To Lake Hwy
CITY-ST-ZIP	Lecanto, FL 34461	1.4 CITY-ST-ZIP	Lecanto, FL 34461
TITLE	Vice President/Secretary <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nadine Sims	2.2 NAME	Eugene Josey
STREET ADDRESS	205 E Gulf To Lake Hwy	2.3 STREET ADDRESS	205 E Gulf To Lake Hwy
CITY-ST-ZIP	Lecanto, FL 34461	2.4 CITY-ST-ZIP	Lecanto, FL 34461
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael W Sims Jr
STREET ADDRESS		3.3 STREET ADDRESS	205 E Gulf To Lake Hwy
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lecanto, FL 34461
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	300003031993--0
STREET ADDRESS		4.3 STREET ADDRESS	-11/02/99--01037--013
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****61.25 ****61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<i>10/28</i>
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michael W Sims Sr* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)