

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

AMENDED

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000058114

1. Corporation Name

Direct Furniture, Inc.

Principal Place of Business

Mailing Address

205 E Gulf To Lake Hwy  
Lecanto, FL 34461205 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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Treasurer ☐ DELETE  
NAME Michael W Sims Sr  
STREET ADDRESS 205 E Gulf To Lake Hwy  
CITY-STATE-ZIP Lecanto, FL 344611.1 TITLE Vice President ☐ Change ☒ Addition  
1.2 NAME Michelle Josey  
1.3 STREET ADDRESS 205 E Gulf To Lake Hwy  
1.4 CITY-STATE-ZIP Lecanto, FL 34461TITLE Vice President/Secretary ☐ DELETE  
NAME Nadine Sims  
STREET ADDRESS 205 E Gulf To Lake Hwy  
CITY-STATE-ZIP Lecanto, FL 344612.1 TITLE Vice President ☐ Change ☒ Addition  
2.2 NAME Eugene Josey  
2.3 STREET ADDRESS 205 E Gulf To Lake Hwy  
2.4 CITY-STATE-ZIP Lecanto, FL 34461TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP3.1 TITLE Vice President ☐ Change ☒ Addition  
3.2 NAME Michael W Sims Jr  
3.3 STREET ADDRESS 205 E Gulf To Lake Hwy  
3.4 CITY-STATE-ZIP Lecanto, FL 34461TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME 300003031993--0  
4.3 STREET ADDRESS -11/02/99--01037--013  
4.4 CITY-STATE-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME *10/28*  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)