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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042743 (0)

1. Corporation Name  
NELSON'S FURNITURE RESTORATION, INC.

Principal Place of Business

8388 PEPPERWOOD DR  
JACKSONVILLE FL 32244

Mailing Address

8388 PEPPERWOOD DR  
JACKSONVILLE FL 32244-6114

3. Date Incorporated or Qualified  
05/13/1996

3a. Date of Last Report

2. Principal Place of Business  
21 11615 COLUMBIA PARK EAST  
Suite, Apt. #, etc.

2a. Mailing Address  
26 11615 COLUMBIA PARK EAST  
Suite, Apt. #, etc.

4. FEI Number  
59-3388204

Applied For  
Not Applicable

22 City & State  
23 JACKSONVILLE FL.

27 City & State  
28 JACKSONVILLE FL.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 32258 25 DUVAL  
Country USA

29 32258 30 DUVAL  
Country USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L  
223 E BAY ST  
SUITE 901 BLACKSTONE BLDG  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

4-15-97

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D RIVERA, VIDAL  
8388 PEPPERWOOD DR  
JACKSONVILLE FL 32244

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RIVERA, NELSON  
?

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
~~RIVERA, NELSON~~  
~~8388 PEPPERWOOD DR~~  
~~JACKSONVILLE FL 32244~~

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: x

4-15-97 880-0840

CF2E034 (9/96)