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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 27 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000077179 (5)

CHAIR & FURNITURE REPAIR, INC.

Principal Place of Business Mailing Address 8005 JAMAICA ROAD. NORTH JACKSONVILLE FL 32218 8005 JAMAICA ROAD, NORTH JACKSONVILLE FL 32218-3264

						09/13/1996		HIG	a	
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number		Ĺ	Applied For	
21		26		_		59-3405650	>		Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc	3.			5. Certificate of Status Desired		•	5 Additional	
22		27							Required	
City & Sta	de:	City & State				6. Election Campaign Financing	F	\$5.0)0 May Be	
23		28	·····			Trust Fund Contribution		Adde	ed to Fees	
—₁ Zip	Country	Zip		untry		8. This corporation has liability for			r s. 199.032,	
24	25	[29]	30				Yes			
	9. Name and Address of Cur	rent Hegistered Agent	~~~	81	Name	10. Name and Address of New Re	gistered	agent	*******	
SHEFFIELD, J. HOWARD 4209 BAYMEADOWS ROAD					O1 (AD)IC					
					82 Street Address (P.O. Box Number is Not Acceptable)					
	UITE 4			-						
JA	ACKSONVILLE FL 32217			83						
				84	City			85 2	'ıp Code	
				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			<u> </u>		·	
office or agent 1:	t to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob)502 and 607.1508 Florida S ate of Florida Such change v iligations of, Section 607.050	Statules, the a was authorize 35, Florida Sta	above ed by itutes	e-named corporations. the corporations.	oration submits this statement for the p on's board of directors. I hereby acce	ourpose of ot the app	changin pintment	g its registered as registered	
SIGNATURE	Styriatus - Typed or pilithor Gather of Trigistered		Audito P	1.6		ed when reinstating)	DATE			
12.		AND DIRECTORS	(NOTE Hegisters		m signature require	ADDITIONS/CHANGES TO OFFIC		DIRECT	OBS IN 12	
111tF	PTD	DELETE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22.10.11.12	Chang		
NAME	BARNES, JEAN S		12 N							
STREET ADDRESS	MANUEL PARTICION DONO NO	RTH			ADDRESS					
	JACKSONVILLE FL 32216	.,,,,,,		HTY-S	- 1					
CHY-S1 7#° TTH	VPSD	DELETE			1 - £IF			Chang	pe Addition	
NAME	BARNES, CHARLES A		22N						, _	
Proces Andronece	8005 JAMAICA ROAD. NO	RTH	220	TOCCT	Annacee					
STREET ADORESS	8005 JAMAICA ROAD, NO	RTH			ADDRESS					
CITY-ST ZII	8005 JAMAICA ROAD, NO JACKSONVILLE FL 32216		2.40	CITY - S	ADDRESS ST-ZIP			Chang	ie Addition	
CHY-ST ZW THLE		RTH DELFTE	2. 4 C	CITY - 9 TILE				Chan	je Addition	
CITY-ST ZIF TITLE NAME	JACKSONVILLE FL 32216		2. 4 C E 3.1 Ti 3.2 N	CITY - 9 TILE IAME	ST-ZIP		<u>.</u> .	Chan	ge Addition	
CHY-ST ZW THEE NAME STREET APORESS	JACKSONVILLE FL 32216		2.4 C E 3.1 Ti 3.2 N 3.3 S	CITY - 9 TILE IAME STREET	ADDRESS			Chan	ge 🔲 Addition	
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I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: