

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000099138 (5)

1. Corporation Name  
KENT'S HARDWOOD FURNITURE, INC.



Principal Place of Business  
14029 WEST NEWBERRY ROAD  
GAINESVILLE FL 32669

Mailing Address  
14029 WEST NEWBERRY ROAD  
GAINESVILLE FL 32669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 14029 W. Newberry Rd.  
2a. Mailing Address  
26 14029 W. Newberry Rd.

4. FEI Number 59-3435123  
Applied For  
Not Applicable

Suite, Apt. #, etc.  
22  
Suite, Apt. #, etc.  
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 Newberry, FL  
City & State  
28 Newberry, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 32669  
Country  
25 USA  
Zip  
29 32669  
Country  
30 USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAULEY, M K  
14029 WEST NEWBERRY ROAD  
GAINESVILLE FL 32669

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 ~~M. Kent Pauley, President~~ MKP

(NOTE: Registered Agent signature required when reinstating)

DATE 8/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	M. Kent Pauley	
STREET ADDRESS	17319 S.W. 46th Avenue	
CITY-ST-ZIP	Archer, FL 32618	
TITLE	Vice-Pres. & Treasure	<input type="checkbox"/> DELETE
NAME	Barbara J. Pauley	
STREET ADDRESS	17319 S.W. 46th Avenue	
CITY-ST-ZIP	Archer, FL 32618	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Sandra Jo Aggers	
STREET ADDRESS	19331 S.W. 15th Avenue	
CITY-ST-ZIP	Newberry, FL 32669	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 M. Kent Pauley

DATE 8/1/97

CR2E034 (4/97)