Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999

BRUCE, LEON

737 CYPRESS GARDENS BLVD.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700009588

1. Corporation Name

22

23

24

BEDDING WAREHOUSE, INC	•			
Principal Place of Business	Mailing Address			
737 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33880	737 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33880			
2 Delegical Disco of Supinson	2a. Mailing Address			
Principal Place of Business 1	2a. Mailing Address			
Suito Ant # ata	Suite Ant # etc			

9. Name and Address of Current Registered Agent

27 City & State City & State 28 Country Country Zip 30 25 29

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90005 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

01/27/1997 4. FEI Number

59-3424048

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's location's depth and policidation of Scotion 607.0505, Florida Statutes. SIGNATURE Signature agent and the or displaced agent	WINT	TER HAVEN FL 33880	83								
T1. 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 office or registered agent, and realized manner of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Signature agent agent and the fargeroadle. INOTE Repetitive Agent agent agent agent agent and the fargeroadle. [NOTE Repetitive Agent agen				C:+ ·			05 7	in Code			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's location of directors. I nereby accept the application agent and the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature Bull and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Repostered Agent signature required when reinitating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE BRUCE, LEON 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY. ST. ZIP ITILE DELETE 21. TITLE DELETE 31. TITLE DELETE 31. TITLE Addition			04	City		FL	65 6	ip Cods			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE BRUCE, LEON 12 Addition STREET ADDRESS 100 EL CAMENO DRIVE, #314 13 STREET ADDRESS 14 CITY-ST-ZIP TITLE NAME 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP TITLE 32 STREET ADDRESS 21 STREET ADDRESS	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.										
DELETE 1.1 TITLE Change Addition	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agen	t signatı	ad redpired milet remaining)						
STREET ADDRESS STRE	12.				ADDITIONS/CHANGES	TO OFFICERS AN					
100 EL CAMENO DRIVE, #314 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE	D DELETE 1.1 TI	ΠLE				Chang	ge 🔲 Addition			
14 CITY-ST-ZIP WINTER HAVEN FL 33884	NAME	BRUCE, LEON 12 N	ME]			
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33 STREET ADDRESS 34 CITY-ST-ZIP 34 CITY-ST-ZIP TITLE Change Addition	TITLE	☐ DELETE 3.1 TF	πE		,	ž.	Change	ge DAddition			
34. CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition	NAME	32 N	ME			·		-			
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 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	CITY-ST-ZIP										

I hereby certify that the information supplied with this limit does not qualify for the exemptor stated in Section 1 Section 1. 18.07(5)(f), i forded stated as in the componental 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.