

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 JUL 27 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000072767 (1)

1. Corporation Name

DISCOUNT FURNITURE, INC.

Principal Place of Business

508 WEST BREVARD STREET  
TALLAHASSEE FL 32301

Mailing Address

508 WEST BREVARD STREET  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

RAND, ROBERT A  
908 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

JAMES A. PFEIL

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

5369 APPLIEDORE LANE

83

84 City

TALLAHASSEE

FL

85 Zip Code

32306

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

JAMES A. PFEIL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-26-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D PFEIL, JAMES A JR  
STREET ADDRESS  
5369 APPLIEDORE LANE  
CITY-ST-ZIP  
TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME  
D TIMMONS, WILLIAM JR  
STREET ADDRESS  
729 WESTWOOD DRIVE  
CITY-ST-ZIP  
MILTON FL 32570

TITLE ☐ DELETE

NAME  
HARRISON, GEORGE H. III  
STREET ADDRESS  
2505 OXBOTTOM RD.  
CITY-ST-ZIP  
TALLAHASSEE, FL 32308

TITLE ☐ DELETE

NAME  
LEWIS, RICKY  
STREET ADDRESS  
RT 1 BOX 3111  
CITY-ST-ZIP  
HAUNNA, FL 32333

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-07/29/98--01030--015

\*\*\*\*550.00 \*\*\*\*550.00

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.

SIGNATURE

JAMES A. PFEIL

7-26-98

850-48-2440

CR2E034 (10/97)