

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072767

1. Corporation Name
DISCOUNT FURNITURE, INC.

FILED

99 SEP -1 AM 9: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
508 WEST BREVARD STREET
TALLAHASSEE FL 32301

Mailing Address
508 WEST BREVARD STREET
TALLAHASSEE FL 32301

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

APPLIED FOR

59-3515857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PFEIL, JAMES A
5369 APPLIEDORE LANE
TALLAHASSEE FL 32308

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 32308

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 607.0508, Florida Statutes.

SIGNATURE JAMES A. PFEIL

(NOTE: Registered Agent signature required (even reinstating))

8-31-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME HARRISON, GEORGE H III
STREET ADDRESS 2585 OXBOTTOM RD
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE D
NAME LEMIEUX, RICKY
STREET ADDRESS RT 1 BOX 3111
CITY-ST-ZIP HAVANA FL 32333

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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*****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, with all other like empowered.

SIGNATURE:

JAMES A. PFEIL

8-31-99

Date

850-668-2440

Daytime Phone #

0046905

CR2E034 (11/98)