COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

IGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90004 030 ***550.00

OCUMENT # P9800003876

FVELYN	'S FUTNITURE, INC.						/		
					,				
ncipal Place of Business Mailing Address								•	
13-A W HWY		1203-A W HWY 50					·		
ERMONT FL	34711	CLERMONT FL 34711					DO NOT WRITE IN THIS SPACE		
						Ì	3. Date Incorporated or Qualified		
	·					Ì	01/05/1998		
Principal Pl	ace of Business	2a. Mailing Address			<u> </u>		4. FEI Number . Applied For		
		26					59 - 3494112 Not Applicab	е	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
		27					ree Required	_	
City & State	•	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
7in	Country	Zip Coun						-	
Zip Country		29 30			Juliu y		8. This corporation owes the current year Intangible Personal Property. Yes X No		
	9. Name and Address of Curre		1301				10. Name and Address of New Registered Agent	_	
				81	Name				
	OBRIDGE, EVELYN			82	Street A	ddros	ess (P.O. Box Number is Not Acceptable)	-	
	3-A W HWY 50				Jueera	Address (F.O. Box Number is Not Acceptable)			
CLE	RMONT FL 34711			83					
				84	City		■ 85 Zip Code	-	
							FL <u></u>		
Pursuant	to the provisions of sections 607.050	02 and 607.1508, Florida Statu	ites, the ab	ove-	named co	rporat	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the oblig	pations of, section 607.0505, F	lorida Stat	tutes	а ів согро 3.	aucii	in a board of difficulty. Thereby decept the appearance as registered		
NATURE .							ired when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS					Registered Agent signature requirements 13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ㅓ	
<u> </u>	D	DELETE		1.1 TITLE			► Change		
- F	SHOOBRIDGE, EVELYN	Deceie	1.2 N					<u> </u>	
ET ADDRESS	12630 EARNEST AVE		1.3 ST	REET	ADDRESS .	24	to Division ST]	
·ST-ZIP	ORLANDO FL 32837		1.4 CI	TY-ST	-ZIP	CN.	leamont FL 34711		
<u> </u>	D	∑ DELETE	2.1 Ti	TLE			Change Addition	'n	
E	Johnson, Shirley		2.2 N/	AME				}	
ET ADDRESS	244 FOGGY CREEK RD		2.3 ST	REET	ADDRESS			Į	
-ST-ZIP	DAVENPORT FL 33837			TY-ST	-ZIP	• •		ᅴ	
 	<u> </u>	DELETE		3.1 TITLE		Y	Change 🔀 Additio	n	
E				3.2 NAME			usen Schade 1883 Calvin Lane		
ET ADDRESS					ADDRESS		Port charcotte F1. 8395:	ابد	
-ST-ZIP			3.4 CI 4.1 TI	TY-ST	-ZIP			_	
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ET ADDRESS			5.3 ST	REET	ADDRESS				
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=		DELETE	6.1 TI	TLE			Change Addition	л	
E			6.2 N/	6.2 NAME					
EET ADDRESS				3 STREET ADDRESS				- {	
-ST-ZIP		tati su a company		TY-ST			in 440 07/2V/) Florida Chabatan 6 atom and 6 that the information	4	
	n this appual capact or eupplements:	l annual report is tous and acc	nne oteru	that	my signati	HIFA CI	ion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am	ĺ	
an officer of in Block 12	or director of the corporation or the re or Block 13 b changed, or on an att	eceiver or trustee empowered tachman with an address.	to execute	this	s report as	requ	uired by Chapter 607, Florida Statutes; and that my name appears		
	1/2		_				3525	- 1	

Qua 10,1999