

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000047660**

1. Corporation Name

**THOMASVILLE BEDDING COMPANY OF GEORGIA FACTORY O  
UTLET, INC.**

Principal Place of Business

**660 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32303**

Mailing Address

**660 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32303**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** P.O. Box 5710

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

**24**

**25**

**29**

**31**

**30**

**THOMAS**

9. Name and Address of Current Registered Agent

**ACKERMAN, VINCENT  
660 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

**05/26/1998**

4. FEI Number

**58-2405820**

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Aug - 30 - 99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **JEFFERY W. HURST**

STREET ADDRESS **4210 LOWER CAIRO Rd**

CITY-ST-ZIP **Thomasville, GA. 31792**

TITLE ☐ DELETE

NAME **See, Mrs. Ackerman**

STREET ADDRESS **602 VICTORIA PLACE**

CITY-ST-ZIP **Thomasville, GA. 31792**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

**SIGNATURE REQUIRED**

**Aug - 30 - 99 912-7716-8650**

**FILED**  
**Sep 03, 1999 8:00 am**  
**Secretary of State**

09-03-1999 90003 012 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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## THOMASVILLE OF GA BEDDING COMPANY

U.S. 19 SOUTH • P.O. BOX 505 • THOMASVILLE, GEORGIA 31799 • 912-226-8650 • FAX 912-228-9853



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August 30, 1999

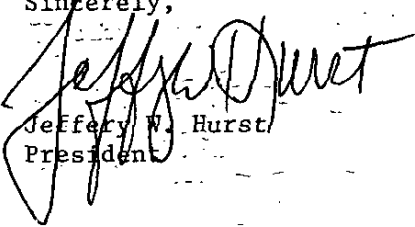
Annual Reports Filings  
Division of Corporations  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Please find our Profit Corporation Annual Report enclosed. We are a new Florida Corporation as of 05/26/99, and this is our first return. For whatever reason, we did not receive this form until August of this year.

The form was mailed to the correct address and our store manager simply did not know what to do with the report. Also, note that we have a change in our mailing address. The correct address for future correspondence should be sent to: P.O. BOX 5710 Thomasville, GA 31758-5710. For these reasons, we ask that the late fee be waived.

Sincerely,



Jeffery W. Hurst  
President