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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000062163

REDMOND'S UPHOLSTERY, INC.

410 - 6A ORLANDO AVE.

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90060 038 ***158.75



Mailing Address Principal Place of Business 410 - 6A ORLANDO AVE. OCOEE FL 34761 OCOEE FL 34761 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/13/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address *59-3532263* Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. X 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Country Zip Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REDMOND, SUSIE 82 410 - 6A ORLANDO AVE. **OCOEE FL 34761** 83 84 City OCOEE 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, Elorida Statutes. REdMONO SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change 117M F TITLE ROYT. REDMOND 410-64 ORLANDO AVE 1.2 NAME NAME 13 STREET ADDRESS STREET ADDRESS OCOEE, F1, 34761 1.4 CITY-ST-ZIP CITY-ST-ZIP **Addition** ☐ DELETE 21 TITLE Change TITLE 2.2 NAME NAME 410-6A ORLANDO AVE. 2.3 STREET ADDRESS STREET ADDRESS OCOBE, FL. 34761 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CRZE034 (11/98)