DOCUN 1. Entity Name	MENT # P9900010	3924		•			
CLASSIC MATTRESS FACTORY, INC.				FILED	FILED		
Principal Place of Business Mailing Address				01 MAR 30 AM II: 39	01 MAR 30 AM II: 39		
4418 Highway 900 Pace, Florida, 32571				SECRETARY OF STATE TALLAHASSEE, FLORIDA	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Pla	nce of Business me as above	3. Mailing Address					
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied For 59 – 3618099 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addition Fee Required	nal		
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent			
40	lly Cheek 29 Highway 90 ce, Florida, 32	:583		Frank Jernigan Street Address (P.O. Box Number is Not Acceptable) 4418 Highway 90			
			City	Pace (Milton), FL Zip Code 32571			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Registered Agent (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See organia on back) Make Check Payable to Department of State							
11.		ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11		
TITLE	P/S/D Billy Cheek 4029 HIghway 9	00000	TITLE / / .2 ! NAME STREET ADDRESS CITY-ST-ZIP	Frank Jernigan 4418 Highway 90, Pace Florida 32571	Addition		
THILE NAME STREET ADDRESS CITY-ST-ZIP		3 Z 5 8 3 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30003992783 -04/11/010110700 ****300.00 *****30	Additieg 0.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	***************************************	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an address, with an address. SIGNATURE: X Frank Jernigan, Reg. Agent, P; (850) 995-1588

Date Date Dayume Phone #

page eve

CALVIN W. WILSON, J.D.

Attorney at Law-

880 ASH DRIVE
PENSACOLA, FLORIDA 32503-2321
TELEPHONE 434-0262
AREA CODE \$04 850

March 15, 2001

Florida Department of State Division of COrporations P. O. Box 6327 Tallahassee, Florida, 32314

Subject: CLASSIC MATTRESS FACTORY, INC.

Ref. Number: P99000103924

ATTN: Michelle Milligan, document specialist

Dear Ms. Milligan:

Thank you for the 2001 uniform business form.

I tried to find a blank form here but without success.

I trust the enclose document has been completed propertly. But I know, if there is any problem, you will feel free to call me.

My client is hopeful this will comply with the current regulations and put him in satisfactory status.

Best regards,

¢ALVIN W. WILSON, Esq.

CWW: bw

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