

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

1995

DOCUMENT # S23163

(6)

IMPERIAL BEDDING CENTER, INC.

95 MAY 1 1995

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

4101 SOUTH MAIN ST
GAINESVILLE FL 32601

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GAINESVILLE FL 32601

2. Filing Date of Report		3. Date of Report		3a. Date of Last Report	
21		01/04/1991		06/22/1994	
22. Name of Agent		4. Filing Number		Applied For	
23		59-3043813		First Appearance	
24		5. Filing of State License		✓ \$8.75 Additional Fee Required	
25		6. Election Campaign Financing		✓ \$5.00 May Be Added to Fees	
26		7. Trust Fund Contribution		✓	
27		8. Filing of State License		✓	
28		9. Filing of State License		✓	
29		10. Filing of State License		✓	
30		11. Filing of State License		✓	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEDGES, MICHAEL O
4151 NW 59TH TERR
GAINESVILLE FL 32606

81. Name	85. Zip Code
82. Street Address (P.O. Box Number and Address)	FL
83.	
84.	

11. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the filing date stated on this form. I am a duly qualified officer or director of the corporation or the agent of the corporation and that my signature shall have the same legal effect as if made under oath. That each officer or director of the corporation or the agent of the corporation has read this report as required by Chapter 68, Florida Statutes, and that my name appears on Block 1, of Block 1 of a transcript of the official record with an affidavit.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS
NAME: HEDGES, MICHAEL O ADDRESS: 4151 NW 59TH TERR CITY: GAINESVILLE FL	NAME: _____ ADDRESS: _____ CITY: _____
NAME: _____ ADDRESS: _____ CITY: _____	NAME: _____ ADDRESS: _____ CITY: _____
NAME: _____ ADDRESS: _____ CITY: _____	NAME: _____ ADDRESS: _____ CITY: _____
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NAME: _____ ADDRESS: _____ CITY: _____	NAME: _____ ADDRESS: _____ CITY: _____
NAME: _____ ADDRESS: _____ CITY: _____	NAME: _____ ADDRESS: _____ CITY: _____

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SIGNATURE:

Michael O Hedges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL O HEDGES

5-1-95 (904) 377-8146