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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90129 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S23947

1. Corporation Name

H & M FURNITURE CORPORATION

Principal Place of Business

1012 N. KENTUCKY  
LAKE LAND FL 33805

Mailing Address

1012 N. KENTUCKY  
LAKE LAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1991

4. FEI Number

59-3041711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 716 E. MEMORIAL BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 91146  
Suite, Apt. #, etc.

City & State

23 LAKE LAND, FL

City & State

28 LAKE LAND, FL

Zip

24 33801

Country

25 U.S.

Zip

29 33801

Country

30 U.S.

9. Name and Address of Current Registered Agent

CHASTAIN, HENRY  
4747 HWY 33 N LOT 351  
LAKE LAND FL 33805

10. Name and Address of New Registered Agent

81 Name

82 HENRY CHASTAIN

83 Street Address (P.O. Box Number is Not Acceptable)

1130 N. LAKE PARKER

84 City

LAKE LAND

FL

85 Zip Code

33801

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 reinstating)

4/29/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WHITE, DANIEL G  
STREET ADDRESS 1215 SPINNAKER DR.  
CITY-ST-ZIP LAKE LAND FL

TITLE VP ☐ DELETE

NAME WHITE, JAN E  
STREET ADDRESS 1215 SPINNAKER DR.  
CITY-ST-ZIP LAKE LAND FL 33805

TITLE ST ☐ DELETE

NAME WHITE, DANIEL G  
STREET ADDRESS 1215 SPINNAKER DRIVE  
CITY-ST-ZIP LAKE LAND FL

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 907, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel White

Daytime Phone #

CR2E034 (11/98)