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FLORIDA PROFIT/NON-PROFIT CORPORATION ANNUAL REPORT

1995

Division of Corporations

APPROVED AND FILED

95 MAR -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S24734 (3)

1. Corporate Name

SAND RIDGE FURNITURE, INC.

Principal Place of Business	Mailing Address
13250 US. HWY. 1 SEBASTIAN FL 32958	13250 US. HWY. 1 SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1991	3a. Date of Last Report: 01/07/1994
4. FEI Number: 59-3083513	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CROWE, KEVIN D
13250 US 1
SEBASTIAN FL 32958

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☐ Change ☐ Addition
NAME	~~STRNAD, NEIL~~	12 NAME	
STREET ADDRESS	~~13250 US 1~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~SEBASTIAN FL~~	14 CITY-ST-ZIP	
TITLE	~~VD DP~~	21 TITLE	☐ Change ☐ Addition
NAME	LAFEVERS, WILLIAM C	22 NAME	
STREET ADDRESS	13250 US HWY 1	23 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	24 CITY-ST-ZIP	
TITLE	~~SD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~CROWE, KEVIN D~~	32 NAME	
STREET ADDRESS	~~13250 US 1~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~SEBASTIAN FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare (I) certify that the information supplied with this filing is voluntarily furnished and 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: Neil C. Strnad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A030 CP