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**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S24734 (3)**

1. Corporation Name  
**SAND RIDGE FURNITURE, INC.**

Principal Place of Business: **13250 US. HWY. 1 SEBASTIAN FL 32958**

Mailing Address: **13250 US. HWY. 1 SEBASTIAN FL 32958**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **13248 US #1**

22 Suite, Apt #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **13248 US #1**

27 Suite, Apt #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified  
**01/14/1991**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

g. Name and Address of Current Registered Agent

**LEFERRA, WILLIAM C  
13248 US 1  
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

81 Name **DIANE MEEKS**

82 Street Address (P.O. Box Number is Not Acceptable) **2925 CARDINAL DR**

83 **SUITE H**

84 City **VERO BEACH** FL 85 Zip Code **32960**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Diane Meeks* **DIANE MEEKS** **1/29/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **DP LAFEVERS, WILLIAM C**

STREET ADDRESS **415 E WAVERLY PLACE #1-A**

CITY-ST-ZIP **VERO BEACH 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

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *L. L. ... 3-22-98 561-388-3919*

CR2E034 (10/97)