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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S44246** (4)

1. Corporation Name

THE FURNITURE MART INC. IN PANAMA CITY

Principal Place of Business

P.O. BOX 458
PANAMA CITY FL 32402

Mailing Address

P.O. BOX 458
PANAMA CITY FL 32402



2. Principal Place of Business

2a. Mailing Address

21 **2511 S. HWY 77**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

LYNN HAVEN, FL

24 Zip

25 Country

29 Zip

30 Country

32444

BA4

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHIVERS, GERALD M., SR.
2511 HIGHWAY 77
LYNN HAVEN FL 32402**

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

(Signature typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
CHIVERS, GERALD M. SR.
STREET ADDRESS **2215 ST. ANDREW BLVD**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME **V**
CHIVERS, GERALD M., JR
STREET ADDRESS **501 MISSOURI AVE**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ DELETE

NAME **S**
CHIVERS, JANICE P.
STREET ADDRESS **501 MISSOURI AVE**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ DELETE

NAME **T**
CHIVERS, PATRICIA L
STREET ADDRESS **2215 ST. ANDREW BLVD**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Janice P. Chivers

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Daytime Phone #

CR2E034 (12/95)