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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S44246** (4)

1. Corporation Name

**THE FURNITURE MART INC. IN PANAMA CITY**

Principal Place of Business

**2511 S HWY 77  
LYNN HAVEN FL 32444  
US**

Mailing Address

**P.O. BOX 458  
PANAMA CITY FL 32402-0458**



3. Date Incorporated or Qualified

**04/10/1991**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-0678507**

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 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAVERS, 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 and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAVERS, GERALD M., SR.</b>	
STREET ADDRESS	<b>2215 ST. ANDREW BLVD</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAVERS, GERALD M., JR</b>	
STREET ADDRESS	<b>501 MISSOURI AVE</b>	
CITY - ST - ZIP	<b>LYNN HAVEN FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAVERS, JANICE P.</b>	
STREET ADDRESS	<b>501 MISSOURI AVE</b>	
CITY - ST - ZIP	<b>LYNN HAVEN FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAVERS, PATRICIA L</b>	
STREET ADDRESS	<b>2215 ST. ANDREW BLVD</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Janice P. Chavers* **Janice P. Chavers** 4-29-97 904-265-3693  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)