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Mar 07 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 # S60637

(3)

1. Corporation Name
FINE FURNITURE BY GORDON'S, INC.



Principal Place of Business

18101 S. TAMiami TR.
FT. MYERS FL 33908

Mailing Address

18101 S. TAMiami TR.
FT. MYERS FL 33908-4715

3. Date Incorporated or Qualified

06/19/1991

3a. Date of Last Report

03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0274240

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

9. Name and Address of Current Registered Agent

GORDON, LLOYD A
18101 S. TAMiami TR.
FT. MYERS FL 33908

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GORDON, LLOYD A	
STREET ADDRESS	18101 S. TAMiami TR.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GORDON, BETTY LOU H	
STREET ADDRESS	18101 S. TAMiami TR.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, ROSE ANNE S	
STREET ADDRESS	18101 S. TAMiami TR.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, SHIRLEY E	
STREET ADDRESS	18101 S. TAMiami TR.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V ANNAND, CAROL JEAN L.
3.3 STREET ADDRESS	18101 S. TAMiami TR.
3.4 CITY - ST - ZIP	FT. MYERS, FL. 33908.
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TANNAND, DAVID
4.3 STREET ADDRESS	18101 S. TAMiami TR.
4.4 CITY - ST - ZIP	FT. MYERS, FL. 33908.
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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/97 941-267-5055
Date Daytime Phone

CR2E034 (9/96)