

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

INCORPORATION
AMENDED RETURN
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
STATE OFFICE

95 MAY -1 PM 2: 04

DOCUMENT # **V36280** (8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EAST COAST FURNITURE DISTRIBUTORS OF TAMPA, INC.

Principal Office Address: **2010 E BUSCH BLVD TAMPA FL 33612 US**
Mailing Address: **1430 NW 23RD AVENUE GAINESVILLE FL 32605 US**

Form FD-300 (Rev. 10/91) (PAGE 1)

3. Date incorporated or organized: **05/12/1992** 3a. Date of Last Report: **02/16/1994**

4. FIC Number: **59-3124345** 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 no liability for registration tax under the Florida Statutes: Yes No

21. Principal Office of Corporation: **2010 E Busch Blvd Tampa, FL 33612**
22. State Agent Name: **John M. Vanderschoot**
23. City & State: **Tampa, FL**
24. City: **Tampa** 25. State: **FL** 26. Mailing Address: **1420 NW 23rd Avenue Gainesville, FL 32605**
27. State Agent Name: **John M. Vanderschoot**
28. City & State: **Gainesville, FL**
29. City: **Gainesville** 30. State: **FL**

9. Name and Address of Current Registered Agent: **VANDERSCHOOT, JOHN M. 1430 NW 23RD AVENUE GAINESVILLE FL 32605**
10. Name and Address of New Registered Agent:
B1. Name: **John M. Vanderschoot**
B2. Street Address (P.O. Box Number is Not Acceptable): **1420 NW 23rd Avenue**
B3. City: **Gainesville**
B4. State: **FL** B5. Zip Code: **32605**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(2), Florida Statutes.

SIGNATURE: **John M. Vanderschoot** (Current Registered Agent) and **John M. Vanderschoot** (New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE: P	VANDERSCHOOT, JOHN M. 1430 N.W. 23RD AVE. GAINESVILLE FL	1.1 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	VANDERSCHOOT, JOHN M.	1.2 NAME:	1420 NW 23rd Avenue
STREET ADDRESS:	1430 N.W. 23RD AVE.	1.3 STREET ADDRESS:	1420 NW 23rd Avenue
CITY, STATE, ZIP:	GAINESVILLE FL	1.4 CITY, STATE, ZIP:	GAINESVILLE FL
OFFICE: VTS	VANDERSCHOOT, JULIA C. 1430 N.W. 23RD AVE. GAINESVILLE FL	2.1 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	VANDERSCHOOT, JULIA C.	2.2 NAME:	1420 NW 23rd Avenue
STREET ADDRESS:	1430 N.W. 23RD AVE.	2.3 STREET ADDRESS:	1420 NW 23rd Avenue
CITY, STATE, ZIP:	GAINESVILLE FL	2.4 CITY, STATE, ZIP:	GAINESVILLE FL
OFFICE:		3.1 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY, STATE, ZIP:		3.4 CITY, STATE, ZIP:	
OFFICE:		4.1 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY, STATE, ZIP:		4.4 CITY, STATE, ZIP:	
OFFICE:		5.1 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY, STATE, ZIP:		5.4 CITY, STATE, ZIP:	
OFFICE:		6.1 OFFICE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY, STATE, ZIP:		6.4 CITY, STATE, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I know and qualify for this certification stated in Sections 607.05(2) Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall bind me personally to the Florida Statutes and that I am an officer or director of the corporation or the manager or holder responsible for the report or response to higher law Florida Statutes, and that my name appears on Block 1 of the filing receipt or on an attachment with an address.

SIGNATURE: **Julia C. Vanderschoot**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2-20-95 94/313-9133