

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUL 29 PM 1:27

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006470

SOUTHERN FURNITURE TRANSPORT, INC.

Principal Place of Business

Mailing Address

203 VISCOUNT ROW  
ORLANDO FL 32809

2003 VISCOUNT ROW  
ORLANDO FL 32809  
US



4/1/99 90103 016 \$500

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1996

4. FEI Number

38-3314427

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 the current year  
Intangible Personal Property.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

ANDREUCCI, L R  
2003 VISCOUNT ROW  
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7551 PRESIDENT DR.

83

SUITE 104

84

ORLANDO

FL

85 Zip Code

32809

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PCD	LUURTSEMA, ROSS A	3068 HIGHLAND DRIVE	HUDSONVILLE MI	<input checked="" type="checkbox"/>
V	LUYK, DOUG	3068 HIGHLAND DRIVE	HUDSONVILLE MI	<input checked="" type="checkbox"/>
S	BENSON, KENT	2003 VISCOUNT ROW	ORLANDO FL	<input type="checkbox"/>
T	ANDREUCCI, LEONARD	2003 VISCOUNT ROW	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	REG ADAMS	1210 E. PONTALUNA RD.	SPRING LAKE, MI 49476	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VIC PRESIDENT-FINANCE	JAMES EWALT	1210 E. PONTALUNA RD	SPRING LAKE MI 49476	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

407-851-2030

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CR2E034 (5/99)