

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 293673 (0)**

1. Corporation Name  
**DRIVE IN TV AND APPLIANCES, INC.**

Principal Place of Business: **4700 BABCOCK ST. N.E. #17 PALM BAY FL 32905**  
Mailing Address: **4700 BABCOCK ST. N.E. #17 PALM BAY FL 32905**

3. Date Incorporated or Qualified: **06/08/1965** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1097661** 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: **21 2960 Corey Rd.** 2a. Mailing Address: **26 2960 Corey Rd.**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23 Malabar, Florida** 2b. City & State: **28 Malabar, Florida**

Zip: **24 32950** Country: **25 Brevard** Zip: **29 32950** Country: **30 Brevard**

9. Name and Address of Current Registered Agent: **COX,AUTTIS J  
4700 BABCOCK ST. NE  
#17  
PALM BAY FL 32905**

10. Name and Address of New Registered Agent:

81 Name: **Cox, Auttis J.**  
82 Street Address (P.O. Box Number is Not Acceptable): **2960 Corey Rd.**  
83  
84 City: **Malabar** FL 85 Zip Code: **32950**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	NAME: <b>COX, NORMA J</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2960 COREY ROAD</b>	CITY - ST - ZIP: <b>PALM BAY, FL 00000</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP: <b>Malabar, Fl. 32950</b>	
TITLE: <b>V</b>	NAME: <b>CANFIELD, DOROTHY</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>834 SARNO RD.</b>	CITY - ST - ZIP: <b>MELBOURNE, FL 00000</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP: <b>MALABAR, FL. 32950</b>	
TITLE: <b>TS</b>	NAME: <b>COX, AUTTIS J</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2960 COREY RD.</b>	CITY - ST - ZIP: <b>PALM BAY, FL 00000</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP: <b>LAKELAND, FL. 33813</b>	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY - ST - ZIP:	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP:	
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY - ST - ZIP:	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP:	
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY - ST - ZIP:	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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norma J. Cox* **NORMA J. COX** 4/12/95 407-729-6521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Daytime Phone #)