

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000083496 (8)**

1. Corporation Name

ONE STOP MAYTAG HOME APPLIANCE CENTER, INC.

Principal Place of Business

**2745 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address

**2745 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

**TUCK, ROBERT
2745 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

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 607.1501, Florida Statutes, the above named corporation certifies 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 obligation of Section 607.0503, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer or Director)

(Signature of Agent, Secretary or Treasurer)

FILE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TUCK, ROBERT	
STREET ADDRESS	2745 TAMiami, TRAIL	
CITY-STATE-ZIP	PORT CHARLOTTE FL	
TITLE	V	☐ DELETE
NAME	TUCK, JUANITA	
STREET ADDRESS	2745 TAMiami TRAIL	
CITY-STATE-ZIP	PORT CHARLOTT FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 19.07(3)(a) 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 registered agent 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 affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

941-625-8419

CR2E034 (12/95)