

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000057155

**Entity Name:** AMERICAN RX FIRE APPLIANCES, INC.

**Current Principal Place of Business:**

13235 S. THEXA TERRACE  
FLORAL CITY, FL 34436

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC1936612638**

**Current Mailing Address:**

PO BOX 2  
ISTACHATTA, FL 34636 US

**FEI Number: 27-3033656**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MERRY, CHESTER W  
13235 S. THEXA TERRACE  
FLORAL CITY, FL 34436 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MERRY, CHESTER  
Address PO BOX 2  
City-State-Zip: ISTACHATTA FL 34636

Title VP  
Name MERRY, CHEVELLE  
Address PO BOX 2  
City-State-Zip: ISTACHATTA FL 34636

Title T  
Name MERRY, CHESTER  
Address PO BOX 2  
City-State-Zip: ISTACHATTA FL 34636

Title S  
Name MERRY, CHEVELLE  
Address PO BOX 2  
City-State-Zip: ISTACHATTA FL 34636

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHESTER W MERRY**

**P**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date