

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90122 008 \*\*\*150.00

**DOCUMENT # 193545**

1. Corporation Name

**PENSACOLA APPLIANCE COMPANY INC**

Principal Place of Business

**1810 BARRANCAS AVE  
PO BOX 266  
PENSACOLA FL 32592**

Mailing Address

**1810 BARRANCAS AVE  
PO BOX 266  
PENSACOLA FL 32592**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/01/1956**

4. FEI Number

**59-0774917**

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

**MARTIN, R G III  
704 BAYSHORE DR  
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

**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 607.1508, 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 **PT** ☐ DELETE

NAME **MARTIN, R G III**  
STREET ADDRESS **953 VESTAVIA WAY**  
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **VD** ☒ DELETE

NAME **PAPE, C M JR**  
STREET ADDRESS **2404 CAVALLA LOOP**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ DELETE

NAME **MARTIN, SARAH E**  
STREET ADDRESS **953 VESTAVIA WAY**  
CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-99**

Date

**850-438-4688**

Daytime Phone #

CR2E034 (11/98)