## 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

DOCUMENT # 193545 Corporation Name

PENSACOLA APPLIANCE COMPANY INC

Principal Place of Business		Mailing Address						
1810 BARRANCAS AVE PO BOX 266 PENSACOLA FL 32592		1810 BARRANCAS AVE PO BOX 266 PENSACOLA FL 32592						
					DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					06/01/1956			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21 26		<b>⊢</b>			59-0774917	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Addit Fee Require		Additional		
22		27				Required		
.City & State		City & State		6. Election Campaign Financing \$5.00 May Be		- 1		
23		28		Trust Fund Contribution Added to Fees		d to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year			
24	25	1	30		Personal Property Tax.	Yes		
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Registere	a Agent		
AAADTIN D.O.III				Name				
MARTIN, R G III			82	Street /	Address (P.O. Box Number is Not Acceptable)			
704 BAYSHORE DR			83					
PENSACOLA FL 32507			63					
			84	City		<b>85</b> Zi	ip Code	
	007.050	D 1 007 4500 FI	the char	5 50mod	•		its registered	
office or re	egistered agent or both in the State	of Florida. Such change was auth	iorizea by	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	pointment as	registered	
agent. I ar	n familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes	<b>3.</b>				
SIGNATURE		The second of th	ainternal Age	at sissatura s	equired when reinstating) DATE	·	}	
Signature, typed or printed flattle or register to agent also as appropria			13.	stated regard agricultar required which remissionly				
TITLE			1.1 TITLE		PT	Chang	ge	
NAME			1.2 NAME		Martin, R.G., TTT	- 1		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STREE	3 STREET ADDRESS 704 Bayshore Dr.				
CITY-ST-ZIP	· ·		1.4 CITY- S	T-ZIP	Pensacola, FL 32507			
TITLE ^	GOLI DIILLELI C		2.1 TITLE		VD	Chang	ge 🔲 Addition	
NAME	, <u> </u>		2.2 NAME		Landsgaard, Nel Ann			
STREET ADDRESS			2.3 STREE	TADORESS	3680 Bayou Blvd.			
CITY-ST-ZIP	PENSACOLA FI		2.4 CITY-	ST-ZIP	Pensacola, FL 32503	· · · · · · · · · · · · · · · · · · ·		
TITLE	D	DELETE	3.1 TITLE		D	Chang	ge 🔲 Addition	
NAME	MARTIN, SARAH E		3.2 NAME		Johnson, Macy			
STREET ADDRESS	953 VESTAVIA WAY		3.3 STREET ADDRES		704 Bayshore Dr.		ł	
CITY-ST-ZIP	GULF BREEZE FL		3.4. CITY-ST-ZIP		Pensacola, FL 32507			
TITLE		☐ DELETE 4.1			10.000010, 12.0200.	Chang	ge 🗀 Addition	
NAME			4. 2 NAME				1	
STREET ADDRESS			4.3 STREE	TADDRESS				
C/TY-ST-ZIP			4.4 CITY-	ST-ZIP	-			
TITLE		☐ DELETE	5.1 TITLE			Chang	ge 🗌 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				

CITY-ST-ZIP 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, with all other like empowered.

5.4 CiTY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ DELETE

☐ Addition

Mar 22, 1999 8:00 am Secretary of State

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