

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

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90122 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 193545

1. Corporation Name
PENSACOLA APPLIANCE COMPANY INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1810 BARRANCAS AVE
 PO BOX 266
 PENSACOLA FL 32592

Mailing Address
 1810 BARRANCAS AVE
 PO BOX 266
 PENSACOLA FL 32592

3. Date Incorporated or Qualified
06/01/1956

4. FEI Number
59-0774917

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.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MARTIN, R G III	
STREET ADDRESS	953 VESTAVIA WAY	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PAPE, C M JR	
STREET ADDRESS	2404 CAVALLA LOOP	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, SARAH E	
STREET ADDRESS	953 VESTAVIA WAY	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Martin, R.G., III	
1.3 STREET ADDRESS	704 Bayshore Dr.	
1.4 CITY-ST-ZIP	Pensacola, FL 32507	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Landsgaard, Nel Ann	
2.3 STREET ADDRESS	3680 Bayou Blvd.	
2.4 CITY-ST-ZIP	Pensacola, FL 32503	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Johnson, Macy	
3.3 STREET ADDRESS	704 Bayshore Dr.	
3.4 CITY-ST-ZIP	Pensacola, FL 32507	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: _____ SIGNATURE REQUIRED
 3-15-99 850-438-4688
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)