

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 193545

1. Entity Name

PENSACOLA APPLIANCE COMPANY INC

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90116 019 ***150.00

Principal Place of Business

Mailing Address

1810 BARRANCAS AVE
 PO BOX 266
 PENSACOLA FL 32592

1810 BARRANCAS AVE
 PO BOX 266
 PENSACOLA FLA 32592-0266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0774917**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, R G III
 704 BAYSHORE DR
 PENSACOLA FL 32507

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

[Signature] President

2-4-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	MARTIN, R.G. III	
STREET ADDRESS	704 BAYSHORE DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANDSGAARD, NEL ANN	
STREET ADDRESS	3680 BAYOU BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MACY	
STREET ADDRESS	704 BAYSHORE DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] ROBERT G. MANN, D III

2-4-2000

850-438-4655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)