

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 271667 (8)

1. Corporation Name

T V PARTS AND SERVICE INC



Principal Place of Business

265 E MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952

Mailing Address

265 E MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified

03/06/1964

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, ANDY  
420 DIANA BLVD.  
MERRITT ISLAND 32953

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

*Andrew J. Hoffman*

(NOTE: Registered Agent signature required when re-stating)

DATE

4-17-96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
HOFFMAN, ANDREW J.  
420 DIANA BLVD.  
MERRITT ISLAND FL

2. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VS  
HOFFMAN, DAVID J.  
RT.1 BOX 108 A  
MAITLAND FL

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Andrew J. Hoffman* ANDREW J. HOFFMAN

4-17-96 407-452-2182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)