

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 # 357206 (2)

1. Corporation Name

HARVLEY'S APPLIANCES, INC.



Principal Place of Business

1102 S COLLINS ST
PLANT CITY FL 33566

Mailing Address

1102 S COLLINS ST
PLANT CITY FL 33566

3. Date Incorporated or Qualified

12/23/1969

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1280403

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAWYER, TOM Y.
1701 JIM REDMAN PARKWAY
PLANT CITY FL 33566

81 Name

Bruce J. Sperry, Esquire

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

1003 South Alexander Street

83

Suite 1

84 City

Plant City

FL

85

Zip Code
33566

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.

Bruce J. Sperry, Esquire

4/11/96

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

☐ DELETE

TITLE SD
NAME HARVLEY, PATRICIA E.
STREET ADDRESS 307 E. MERRICK STREET
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE PD
NAME HARVLEY JR, THOMAS D
STREET ADDRESS 1102 S. COLLINS ST
CITY-ST-ZIP PLANT CITY FL

☒ DELETE

TITLE VPD
NAME HARVLEY, PATRICIA E.
STREET ADDRESS 307 E. MERRICK STREET
CITY-ST-ZIP PLANT CITY FL

☒ DELETE

TITLE TD
NAME HARVLEY JR., THOMAS D
STREET ADDRESS 1102 S. COLLINS ST
CITY-ST-ZIP PLANT CITY FL

☒ DELETE

TITLE D
NAME HARVLEY, EDITH
STREET ADDRESS 602 MAHONEY STREET
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE D
1.2 NAME Harvley, Patricia E.
1.3 STREET ADDRESS 4659 N.W. 45 Lane
1.4 CITY-ST-ZIP Lake Panasoffkee, FL 33538

☒ Change ☐ Addition

2.1 TITLE PD
2.2 NAME Harvley Jr., Thomas D.
2.3 STREET ADDRESS 4659 N.W. 45 Lane
2.4 CITY-ST-ZIP Lake Panasoffkee, FL 33538

☐ Change ☒ Addition

3.1 TITLE VSD
3.2 NAME McCann, Laurie
3.3 STREET ADDRESS 4647 N.W. 45 Lane
3.4 CITY-ST-ZIP Lake Panasoffkee, FL 33538

☐ Change ☒ Addition

4.1 TITLE T
4.2 NAME Boswell, Margaret A.
4.3 STREET ADDRESS 1306 West Holloway Road
4.4 CITY-ST-ZIP Plant City, FL 33565

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

THOMAS D. HARVLEY

President

4/25/96

(352) 793-4165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)