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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 369

(2)

BOB'S RADIO & TV SALES AND SERVICE, INC.

Block 12 or Block 13 if changed, or on an attachment with an address

May 01 1998 8:00am Secretary of State

u langað troin ákkið fingk áðudð ríkki áðul ákðik ákðið Eldik áldik áldik áldik áldik í þjólk kaði

								(   <b>     </b>	
Principal Place of Business Mailing Address					1 199199 11110 Steep 19111 09100 11111 01	ias assit assi	1 E1916 81867 W/B		
209 S FLORIDA AVE P.O BOX 998 DELAND FL 32721		209 \$ FLORIDA AVE P O BOX 998 DELAND FL 32721		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified				
					08/28/1970				
2. Principal Place of Business		2a, Mailing Address			4. FEI Number		<del></del>	Applied For	
21		26			59-1300135			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	<del>                                     </del>		8. This corporation owes or has paid the current year Intangible				
24	25	29	30		Personal Property Tax due June			∐ No	
9. Name and Address of Current Registered Agent				1 .:	10. Name and Address of New Re	gistered	Agent		
WORDEN, PATRICIA H				Name					
134	NORTH KENTUCKY	62 Street Ad		Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
DEL	AND FL 32724		83						
			84	City			<b>85</b> Zip	Code	
						FL	<b>-</b>		
office or re agent. I ar	o the provisions of Sections 607.05 agistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was	authorized b	y the corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose o	of changing pointment as	its registered s registered	
SIGNATURE .	Signature, typed or printed name of registered as	jent and title it apposable (NO	11 : Registered Ag	ent signature require	ed when reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AN			
TITLE	, ,		1.1 TITLE				Change	Addition	
NAME CLIFTON, HOWARD L.			1.2 NAME						
STREET ADDRESS 220 S STONE ST		1.3 STREET ADDRESS		T ADDRESS					
CITY-ST-ZIP	<u> </u>		1.4 CHTY-	ST-ZIP					
TITLE	TOS	DELETE	2.1 TITLE				Change	☐ Addition	
NAME			2 2 NAME						
STREET ADDRESS 2612 HOWLAND BLVD.		2 3 STREET ADDRESS		T ADDRESS					
CITY-ST-ZIP			2.4 CITY	ST-ZIP			<del></del>		
TITLE	V	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	WORDEN, JOHN #I		32 NAME						
STREET ADDRESS	2612 HOWLAND BLVD		3 3 STREE	T ADDRESS					
CITY-ST-ZIP	DELTONA FL		3 4. CITY-	ST-2IP			<del></del>		
TITLE		☐ DELETE	4 1 TITLE				L Change	Addition	
NAME	•		4.2 NAME						
STREET ADDRESS	•		4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			——————————————————————————————————————		
TITLE			5.1 TITLE				☐ Change	Addition	
NAME			. 5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>		————		
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME	}					
STREET ADDRESS			6.3 STREE	T ADDRESS					

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