

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:05

DOCUMENT # 516452

(0)

1. Corporation Name

PETE'S APPLIANCE PARTS, INC.

Principal Place of Business

4009 W. HALLANDALE BLVD.
HOLLYWOOD FL 33023

Mailing Address

4009 W. HALLANDALE BLVD.
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/14/1976	3a. Date of Last Report 03/03/1994
4. FEI Number 59-1691730	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	

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, PETER
4900 S.W. 193RD LANE
FT. LAUDERDALE FL 33332

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

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVD
NAME	SHAW, PETER R.
STREET ADDRESS	4900 S.W. 193RD LANE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	STD
NAME	HENSLEY, LINDA S
STREET ADDRESS	5811 TIMBER LAKE WY
CITY - ST - ZIP	INDIANAPOLIS IN
TITLE	D
NAME	SPEARMAN, MICHELLE L
STREET ADDRESS	5501 SW 73RD AVE
CITY - ST - ZIP	DAVIE FL
TITLE	D
NAME	SHAW, PATRICK A.
STREET ADDRESS	4817 SW 31ST DR
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	STD
2.3 STREET ADDRESS	HEESLEY, LINDA S.
2.4 CITY - ST - ZIP	2 FRANKLIN CT DE SOTO, MO 63020
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	D
3.3 STREET ADDRESS	SPEARMAN, MICHELLE L
3.4 CITY - ST - ZIP	4900 SW 193 LANE FT LAUDERDALE, FL 33332
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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: Linda S. Hensley Linda S. Hensley 2/16/95 (805) 963-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR