

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

**AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 APR 14 PM 2:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 567930**

**(3)**

1. Corporation Name

**REDFEARN'S APPLIANCES, INC.**

Principal Place of Business

Mailing Address

**280 S LAWRENCE BLVD  
BOX 686  
KEYSTONE HEIGHTS FL 32656**

**280 S LAWRENCE BLVD  
BOX 686  
KEYSTONE HEIGHTS FL 32656**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/06/1978**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-1857213**

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

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

**NEWELL, PAUL D.  
ATTORNEY AT LAW  
201 LAWRENCE BOULEVARD  
KEYSTONE HEIGHTS FL 32656**

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 title if applicable.

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

REDFEARN, SR., W. H.

STREET ADDRESS

455 E. LAKE VIEW DR.

CITY - ST - ZIP

KEYSTONE HEIGHTS FL

TITLE

STD

NAME

REDFEARN, JR., W. H.

STREET ADDRESS

215 JASMINE DRIVE

CITY - ST - ZIP

KEYSTONE HEIGHTS FL

TITLE

VD

NAME

REDFEARN, ERIC L.

STREET ADDRESS

HIGHWAY 100 SOUTH

CITY - ST - ZIP

LAKE GENEVA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-95**

**904-473-3311**