

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 573108 (8)

1. Corporation Name

ALL AMERICAN SALES CORP.



Principal Place of Business

5949 BRAINERD RD.
CHATTANOOGA TN 37421

Mailing Address

5949 BRAINERD RD.
CHATTANOOGA TN 37421

3. Date Incorporated or Qualified
05/22/1978

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

21 9204 ROCKY COVE DRIVE

Suite, Apt. #, etc.

22

City & State

23 CHATTANOOGA, TENNESSEE

Zip

24 37421-2088

Country

25 HAMILTON

2a. Mailing Address

26 9204 ROCKY COVE DRIVE

Suite, Apt. #, etc.

27

City & State

28 CHATTANOOGA, TENNESSEE

Zip

29 37421-2088

Country

30 HAMILTON

4. FEI Number
59-1826846

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

QUINTON, A. EDWARD, III
80 S. W. 8 ST., SUITE 2804
WORLD TRADE CENTER
MIAMI FL 33130

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

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

(If NE, Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	NUNN, ROBERT L.	
STREET ADDRESS	320 U S HWY 98 E #1003	
CITY-ST-ZIP	DESTIN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEWART, THOMAS	
STREET ADDRESS	5949 BRAINERD RD	
CITY-ST-ZIP	CHATTANOOGA TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	STEWART, THOMAS
2.4 CITY-ST-ZIP	9204 ROCKY COVE DRIVE CHATTANOOGA, TN 37421-2088
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS STEWART, PRESIDENT

4-15-96

(DAY)

423-892-5577

(DAYTIME PHONE #)

CR2E034 (12/95)