

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

05/11/95 10:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 633625

(9)

KARLEX EQUITIES INC.

4 HILLTOP RD.
LARCHMONT NY 10538-1119

4 HILLTOP RD.
LARCHMONT NY 10538-1119

(PLEASE WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification 08/22/1979	3a. Date of Last Report 07/06/1994
4. File Number 13-2996986	Applied for: ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Electronic Company Filing Initial Filing ☐	\$5.00 May Be Added to Fees
8. Does corporation have liability for automobile tax under § 193.03? Florida Statutes ☐ Yes ☒ No	

2. Principal Office in Florida	2a. Mailed Address
21. State Agent's Office	26. State Agent's Office
22. City & State	27. City & State
23. Zip	28. Zip
24. Zip	29. Zip
25. Zip	30. Zip

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 the laws of the State of Florida, Chapter 193, Florida Statutes, the undersigned corporation certifies this statement for the purpose of changing its registered office or registered agent or both in the State of Florida as set forth above and that the corporation is duly incorporated in the State of Florida. I hereby certify the appointment of the registered agent named above and accept the responsibility for the fee for the Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95
NAME OFFICE ADDRESS CITY & STATE ZIP NAME OFFICE ADDRESS CITY & STATE ZIP NAME OFFICE ADDRESS CITY & STATE ZIP NAME OFFICE ADDRESS CITY & STATE ZIP NAME OFFICE ADDRESS CITY & STATE ZIP NAME OFFICE ADDRESS CITY & STATE ZIP NAME OFFICE ADDRESS CITY & STATE ZIP	Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the corporation is duly incorporated in the State of Florida. I further certify that the information included on this annual report is supplemental information and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation on the day on which the report is prepared, I am so indicating by Chapter 193, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report. If I am not an officer or director, I am so indicating by Chapter 193, Florida Statutes, and that my name appears in Block 13 of Block 13 of this report.

SIGNATURE: *Gary S. Spier*
SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR
GARY SPIER

5-2-95 24-688-0222

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1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Office of Corporations and Charitable Organizations

DOCUMENT # **635334**

(6)

LAKE APPLIANCE CO., INC.

Principal Office Address: **704 SOUTH 14TH ST. LEESBURG FL 34748-5619**
Mailing Address: **704 SOUTH 14TH ST. LEESBURG FL 34748-5619**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **09/06/1979** 3a. Date of Last Report: **05/01/1994**
4. FIC Number: **59-1939117** Applied For: ☐ Not Applicable: ☐
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. The corporation has liability for intangible tax under S. 190.001, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 2a. Mailing Address:
21. State: **FL** 26. State: **FL**
22. City: **LEESBURG** 27. City: **LEESBURG**
23. County: **FL** 28. County: **FL**
24. Zip: **34748** 25. Zip: **34748** 29. Zip: **34748** 30. Zip: **34748**

9. Name and Address of Current Registered Agent

**WALLS, HARRY
704 SOUTH 14TH ST.
LEESBURG FL 32748**

10. Name and Address of New Registered Agent

01. Name: _____
02. Street Address (P.O. Box Number is Not Acceptable): _____
03. _____
04. City: _____ FL 05. Zip Code: _____

11. I, the undersigned, the president or secretary of the corporation, certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as authorized by the Florida Statutes, and that this change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent, in accordance with and subject to the provisions of Section 190.001, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS:
NAME: **P WALLS, HARRY**
STREET ADDRESS: **704 SOUTH 14TH ST**
CITY: **LEESBURG, FL 00000**
NAME: **ST WALLS, DONNA**
STREET ADDRESS: **704 SOUTH 14TH ST.**
CITY: **LEESBURG FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:
1. NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
2. NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
3. NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
4. NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
5. NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
6. NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.001, Florida Statutes. I further certify that this information is not included in this annual report or supplemental annual report as filed 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 incorporator empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *Donna Walls* **Donna M WALLS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5895(904)283084