CIPEPARAMENE OF STATE - A CTC MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am Secretary of State

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DOCUMENT # 63472* COOPER APPLIANCES, INC.	1			aus acass arass ásass asáis acass 1841
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620 63RD AVE. E.	1620 63RD AVE. E.			
BRADENTON FL 34203 BRADENTON FL 34203			DO NOT WRITE IN	THIS SPACE
	•		3. Date Incorporated or Qualifed	ļ
			09/04/1979	Applied For
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-1927781	Not Applicable
	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · ·	\$8.75 Additional
Suite, Apt. #, etc.	27 Suite, Apr. #, 810.		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
3	28		Trust Fund Contribution	
Zip Country	Zip	Country	This corporation owes the current ye Personal Property Tax.	Z Yes ☐No
4 25	29 30	<u>D</u>	10. Name and Address of New Regist	ered Agent
9. Name and Address of Cur	rent Kegistered Agent	81 Name		
CONLEY, ROGER P.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	,
2401 MANATEE AVENUE WEST			8 50 18 4 5 5 15	
C/O CONLEY & DOOLEY		83	기가 되었다. 하는 그는 그는 그는 그 전략으로 가장되면 사용되어 되었다. 대한 그 것 같은 그는 그 사람들이 되었다. 모든 모든 기본이	
BRADENTON FL		84 City	Control of the Contro	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.		the above parred cor	poration submits this statement for the purpo	its registered
11. Pursuant to the provisions of Sections 607.	ate of Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the	appointment as registered
agent. I am familiar with, and accept the ob SIGNATURE	oligations of, Section 607.0505, Floric	la Statutes. tegistered Agent signature require	od when reinstating) D	RS AND DIRECTORS IN 12
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4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes as if made under oath; that I am an 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 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 indicated on this annual report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the trustee empowered.

SIGNATURE:

94/-365-1080 Daylime Phone #