FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 687257

(6)

APPLIANCE SPECIALTY OF FLORIDA, INC.

Principal Place of Business		Mailing Address							
3902 CORPOREX PARK DRIVE. SUITE 300 TAMPA FL 33619		3902 CORPOREX PARK DRIVE. SUITE 300 TAMPA FL 33619-1132							
						3. Date Incorporated or Qualified 09/03/1980		te of Last R	eport
2. Principal Place of Business 2a. Mailir			ailing Address			4. FEI Number		Ap	plied For
21		26	26			59-2034822 Not Applicab			ot Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27				Certificate of Status Desired	ш	Fee Re	equired
City & State		City & State	City & State			6. Election Campaign Financing	_	\$5.00	May Be
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	├ ~¬	intry	•	8. This corporation has liability for			. 199.032,
24	25	29	30	,			Yes [
	9. Name and Address of Cui	rrent Registered Agent			ı - <u></u>	10. Name and Address of New Re	gistered /	igent	
FLOYD, ALTON P.				FLOYD, ALTON P.					
	AKWOOD BLVD.		82 Street Add			ess (P.O. Box Number is Not Acceptal 2759 Sand hollow Ct.	ole)		
OLDS	MAR FL 33557					2759 Sand hollow Ct.			
				83		ljethust e r			
				64	City			85 Zip (Code
44 Dureuset to	the provisions of Sections 607	OFO2 and CO7 1500 Florida C	Statutes the a	L J	a named core	Clearwater		B462	<u> </u>
office or rec	pistered agent, or both, in the	tate of Horida. Such change	was authorize	d by	the corporat	oration submits this statement for the join's board of directors. I hereby acce	pt the app	ointment as	registered
	familiar with and accordingly	blightions of, Section 607.050	5, Florida Stat	tutes	S.				
SIGNATURE	griature, typed or printed hard of registered	d agent and tile Tappicable	(NOTE: Boolston	d Ane	out signat we room in	ed when reinstating)	DATE		
12.		AND DIRECTORS	13,		in ognica i requi	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PD DELETE		1.111	116				Change	Addition
NAME [FLOYD, DOUG C.		1.2 N	AME					
	3705 113TH AVENUE		13.81	IREET	ADDRESS				
CITY-ST-ZIP	TEMPLE TERRACE FL		1.4iC	ITY-S	51 - 7/P				
TITLE	V	DELETE	2.1 1	TLE	·	addre		K Change	Addition
NAME [FLOYD, ALTON P.		2.2 N	AME		FLOYD, ALTON P. 2759 Sand Hollow Ct.			
	505-OAKWOOD-BLVD-		2.3 \$	TREET	ADDRESS	2759 Sand Hollow Ct.	,		
CITY-ST-ZIP	OLDSMAR FL		2.40	:ПY- \$	ST-ZIP	Clearwater, FL 3462	21		
TITLE		DELETE	3111	ILF				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 5	TREFT	ADDRESS				
CITY-ST-ZIP			3.4.;0	ATY-S	ST-ZIP				
TITLE		DELETE	E 41 II	TLE				☐ Change	Addition
NAME			4.2.6	IAME					
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			4,4 C	(1Y - S	ST-21P				
TITLE		DELETE						Change	Addition
NAME			5.2 N	AME	İ				
STREET ADORESS			5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP					S1 - 7IP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 intrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Florik 13 if changed or on arguitaging ont with an address.

61 TITLE

6.2 NAME

6.3 \$1REEL ADDRESS

DELETE