

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90183 013 ****61.25

0044234

DOCUMENT # 754164

1. Corporation Name

LIMETREE APPLIANCE SERVICES, INC.

Principal Place of Business

10145 40TH WAY
BOYNTON BCH FL 33436

Mailing Address

10128 43RD DRIVE SOUTH
BOYNTON BEACH FL 33436
US



2. Principal Place of Business

21 10128 43rd Drive So.

Suite, Apt. #, etc.

22 City & State

23 Boynton Beach, Fl.

24 Zip 33436 25 Country US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 30 Country

3. Date Incorporated or Qualified

09/15/1980

4. FEI Number

59-2035304

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

9. Name and Address of Current Registered Agent

BALLARD, LAWRENCE
10146 41ST TERR, SOUTH
BOYNTON BCH FL 33436

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
CULVER, WALLACE
STREET ADDRESS **10156 46 AVENUE S**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

TITLE ☐ DELETE

NAME **DS**
URBEN, CALVIN
STREET ADDRESS **10140 41ST DRIVE**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

TITLE ☒ DELETE

NAME **DT**
MURPHY, MARGARET
STREET ADDRESS **10137 44 AVE S, #353**
CITY-ST-ZIP **BOYNTON BCH, FL 00000 33436**

TITLE ☐ DELETE

NAME **DVP**
O'BRIEN, ROY
STREET ADDRESS **10124 45TH AVE**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

TITLE ☐ DELETE

NAME **DP**
BALLARD, LAWRENCE
STREET ADDRESS **10146 41ST TERR SO, #234**
CITY-ST-ZIP **BOYNTON BCH, FL 00000 33436**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

Edward Cain

10125 42 Ave. So. #151

Boynton Beach, Fl. 33436

14. I 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Lawrence Ballard* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99

(561)737-6797

CR2E037 (11/98)