FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F43525** **(7)**

1. Corporation Name
HOUSE OF RODS, INC.

Principal Place of Business	Mailing Address
3716 DREW LANE NEW PORT RICHEY FL 34652	3716 DREW LANE NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/04/1981**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business
21 705 N Live Oak ST
22 Tarpon Springs
23 Florida
24 Zip 34689
25 Country USA

2a. Mailing Address
26 705 N Live Oak ST
27
28 Tarpon Springs FL
29 Zip 34689
30 Country USA

4. FEI Number: **59-2122199** ☐ 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

WILLIS, JIMMIE
3716 DREW LANE
NEW PORT RICHEY FL 33552

10. Name and Address of New Registered Agent

81 Name: Jimmie C. Willis SR
82 Street Address (P.O. Box Number is Not Acceptable): 6622 CATALPA DR
83
84 City: New Port Richey FL 85 Zip Code: 34655

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 607.0505, Florida Statutes.

SIGNATURE (Typed or printed name of person signing) (Title if applicable) (Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	DV	11 TITLE	DV	☑ Change ☐ Addition
12 NAME	WILLIS, SUSAN	12 NAME	Susan P. Willis	
13 STREET ADDRESS	3001 WST MORELAND DRIVE	13 STREET ADDRESS	6622 CATALPA DR	
14 CITY ST ZIP	NEW PORT RICHEY,FL 00000	14 CITY ST ZIP	New Port Richy FL 34655	
21 TITLE	PTS	21 TITLE	PTS	☒ Change ☒ Addition
22 NAME	WILLIS, JIMMIE	22 NAME	Jimmie C. Willis SR	
23 STREET ADDRESS	6622 CATALPA DR	23 STREET ADDRESS	6622 CATALPA DR	
24 CITY ST ZIP	NEW PORT RICHEY,FL 00000	24 CITY ST ZIP	New Port Richey FL 34655	
31 TITLE	D	31 TITLE	D	☑ Change ☐ Addition
32 NAME	WILLIS, JIMMIE JR.	32 NAME	Jimmie C. Willis JR	
33 STREET ADDRESS	6622 CATALPA DR	33 STREET ADDRESS	3001 WESTMORELAND DR	
34 CITY ST ZIP	NEW PORT RICHEY,FL 00000	34 CITY ST ZIP	New Port Richy FL 34655	
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

14. I (We) hereby certify that the information supplied with this filing is accurately furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: J. C. Willis 1-18-95 813 938 1086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480188 FP