

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G74285** (9)

1. Corporation Name

PANHANDLE APPLIANCE PARTS, INC.

Principal Place of Business

**C/O HAMPTON E. SASSER, SR.
801 NORTH CORY FIELD ROAD
PENSACOLA FL 32506**

Mailing Address

**C/O HAMPTON E. SASSER, SR.
801 NORTH CORY FIELD ROAD
PENSACOLA FL 32506**



3. Date Incorporated or Qualified

01/01/1983

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2347761

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SASSER, SR., HAMPTON E.
801 N. OLD CORY FIELD ROAD
PENSACOLA FL 32506**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **9550 PENSACOLA BLVD.**

84 **PENSACOLA**

FL

85 Zip Code

32534

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

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP
SASSER SR, HAMPTON E**
STREET ADDRESS **4530 DEERFIELD DR.**
CITY- ST- ZIP **PENSACOLA, FL 00000**

TITLE ☐ DELETE

NAME **ST
SASSER, H E, JR**
STREET ADDRESS **626 BRIARWOOD**
CITY- ST- ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **V
SASSER, RICHARD M**
STREET ADDRESS **7029 LONGLEAF CREEK**
CITY- ST- ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **SRV
PEACOCK, MARY S**
STREET ADDRESS **5115 BELLVIEW AVE**
CITY- ST- ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

NAME
STREET ADDRESS

CITY- ST- ZIP

NAME
STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

12 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

32526

2.1 TITLE

22 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

32506

3.1 TITLE

32 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

32526

4.1 TITLE

42 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

32526

5.1 TITLE

52 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21696

Date

904-477-4733

Daytime Phone #

CR2E034 (12/95)