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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:48

DOCUMENT # **H34242** **(8)**

1. Corporation Name
APPLIANCE PARTS COMPANY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
621 CARSWELL AVE HOLLY HILL FL 32117	621 CARSWELL AVE HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/14/1984
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1023803 ☐ 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

ELLIS, RICHARD
10 SUNRISE AVE.
ORMOND BCH FL 32074

10. Name and Address of New Registered Agent

81 Name: Timothy Ellis
82 Street Address (P.O. Box Number is Not Acceptable): 705 Hawks Ridge RD
83
84 City: Port Orange FL 85 Zip Code: 32127

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: Timothy Ellis — 1/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~ OWNER	1.1 TITLE	President ☑ Change ☐ Addition
NAME	ELLIS, RICHARD	1.2 NAME	Timothy Ellis
STREET ADDRESS	10 SUNRISE AVE	1.3 STREET ADDRESS	705 Hawks Ridge RD
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	Port Orange FL 32127
TITLE	~~D~~ OWNER	2.1 TITLE	Secretary Treasurer ☑ Change ☐ Addition
NAME	ELLIS, PATRICIA	2.2 NAME	Terry Ellis
STREET ADDRESS	10 SUNRISE AVE	2.3 STREET ADDRESS	705 Hawks Ridge Rd
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	Port Orange FL 32127
TITLE		3.1 TITLE	Vice President ☑ Change ☐ Addition
NAME		3.2 NAME	Thomas Ellis
STREET ADDRESS		3.3 STREET ADDRESS	5846 Harrington Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando FL 32804
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 if changed, or on an attachment with an asterisk.

SIGNATURE: Timothy Ellis — 1-25-95 — 904-255-7474
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Terry Ellis President — 1/25/95 — 904-255-7474

0006348 CR