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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # **H87954**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

04-02-1999 90062 018 ***150.00

BUMGARDNER APPLIANCE, INC.	
Principal Place of Business Mailing Address	M (MINE MISH NINE NINE) NINE NINE NINE NINE NINE NIN
2653 COLUMBUS WAY SO ST. PETERSBURG FL 33712 US 2653 COLUMBUS WAY SO ST. PETERSBURG FL 33712 US DO NO.	OT WRITE IN THIS SPACE
3. Date Incorporated or Q	eualifed
12/03/1985	. Applied For
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2417295	Not Applicable
Suite Ant # etc	\$8.75 Additional
5. Certificate of Status Des	sired Fee Required
City & State City & State 6. Election Campaign Fine	ancing \$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country 8. This corporation owes	
24 25 29 30 Personal Property Tax. 9 Name and Address of Current Registered Agent 10. Name and Address of	
9. Name and Address of Current Registered Agent 10. Name and Address of 81 Name	I new registered Agent
BUMGARDNER, JOHN D.	
2653 COLUMBUS WAY SO 82 Street Address (P.O. Box Number is Not.)	Acceptable)
ST PETERSBURG FL 33712	
84 City	85 Zip Code
1047 5107	
	for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereb agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	<u></u>
agent. I am familiar with, and accept the obligations of, Section 507.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIDAL TOPED ON PRINTED IN AME OF SIGNING OFFICER OR DIRECTOR D. BUMGART WERZ AND DESCRIPTION OF PHONE #