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 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J03141** **(5)**

1. Corporate Name

HOME APPLIANCE SERVICE OF SOUTHWEST FLORIDA, INC

Principal Place of Business
% DONALD HURTLE
5302 DELMONTE CT
CAPE CORAL FL 33904

Mailing Address
% DONALD HURTLE
5302 DELMONTE CT
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1986**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **59-2650138** — 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

HURTLE, DONALD
5302 DELMONTE CT
CAPE CORAL FL 33904

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 607.0502 and 607.0505, 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	HURTLE, DONALD	NAME	
STREET ADDRESS	5302 DELMONTE CT	STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	CITY ST ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	LEWIS, JOHN M.	NAME	
STREET ADDRESS	5302 DELMONTE CT	STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and complete 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 attached sheet with an address.

SIGNATURE: John M. Lewis — 4/30/95 — 813 549-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0320107 CP