

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J43189 (6)

1. Corporation Name

APPLIANCE DOCTOR OF CENTRAL FLORIDA, INC.

Principal Place of Business

% MICHAEL MANNINO  
851 STATE RD. 436. STE. 1053  
ALTAMONTE SPRINGS FL 32714

Mailing Address

% MICHAEL MANNINO  
851 STATE RD. 436. STE. 1053  
ALTAMONTE SPRINGS FL 32714-3043

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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9. Name and Address of Current Registered Agent

MANNINO, MICHAEL  
304 STERLING ROSE CT.  
APOPKA FL 32703

3. Date Incorporated or Qualified

11/20/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2815637

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

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 607.1508, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME MANNINO, MICHAEL  
STREET ADDRESS 304 STERLING ROSE CT.  
CITY-ST-ZIP APOPKA FL

TITLE VST ☐ DELETE

NAME MCAULIFFE, JOHN J.  
STREET ADDRESS 624 CROOKED PINE COURT  
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME MCAULIFFE, JOHN J.  
STREET ADDRESS 624 CROOKED PINE CT.  
CITY-ST-ZIP APOPKA FL

TITLE DV ☐ DELETE

NAME MANNINO, ANTHONY  
STREET ADDRESS 2856 PIKE LANE  
CITY-ST-ZIP DELTONA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

V

RINEHART, JEFFREY D  
8105 PLANTATION DR  
ORLANDO FL 32810

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change

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Addition

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14. I do 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 changed, or on an attachment with an address.

SIGNATURE *John J. McAuliffe* 4/24/97 (407) 700-1190

FILED  
May 02 1997 8:00am  
Secretary of State



CR2E034 (9/96)