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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **J97972**

1. Corporation Name

FERRIS APPLIANCE SERVICE, INC.

Principal		Business

Mailing Address

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90020 012 \*\*\*150.00



85

Zip Code

9611 128TH TERRACE LARGO FL 33773-1224		9611 128TH TERRACE LARGO FL 33773-1224			DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualifed 10/16/1987	
2. Principal Place o	f Business	2a. Mailing Address			4. FEI Number	Applied For
1		26			59-2871959	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	~		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Cour	try	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No
9.	Name and Address of Current				10. Name and Address of New Registered	Agent
FERRIS, RICHARD E. SR. 409 PEGASUS AVENUE SOUTH			Name Street Addre	ess (P.O. Box Number is Not Acceptable)	·	
CLEARWATER FL 34625			83			

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.

84 City

SIGNATURE	·		equired when reinstating) DATE
	Old to the state of the state o	egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST DELETE	1.1 TITLE	
NAME	FERRIS, RICHARD E. SR	1.2 NAME	,
STREET ADDRESS	9611-128TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33773-1224	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CFTY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	· ·
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-7!P	'	6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: