

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K31228 (5)

1. Corporation Name

BALDWIN'S APPLIANCES, SALES, SERVICE, AND PARTS, INC.



Principal Place of Business

**14680 NE 150TH AVE
FORT MCCOY FL 32134**

Mailing Address

**14680 NE 150TH AVE
FORT MCCOY FL 32134**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified
08/10/1988

3a. Date of Last Report
04/28/1995

4. FEI Number

59-2901208

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

10. Name and Address of New Registered Agent

**RICHARD & BLINN, P.A.
613 SOUTHEAST FORT KING STREET
OCALA FL 32671**

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, and address of registered agent and the corporation

(NOTE: Registered Agent's signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD BALDWIN, DON E.**
STREET ADDRESS **14680 NE 150TH AVE**
CITY- ST- ZIP **FORT MCCOY FL**

TITLE ☐ DELETE
NAME **SD BALDWIN, JANET L.**
STREET ADDRESS **16570 NE 141 COURT**
CITY- ST- ZIP **FORT MCCOY FL**

TITLE ☒ DELETE
NAME **VD KERCHAERT, JAMES L.**
STREET ADDRESS **16590 N.E. 141ST COURT**
CITY- ST- ZIP **FORT MCCOY FL**

TITLE ☒ DELETE
NAME **TD KERCHAERT, CAROL J.**
STREET ADDRESS **16590 N.E. 141ST COURT**
CITY- ST- ZIP **FORT MCCOY 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Janet L. Baldwin SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET L. BALDWIN 4-27-96-352-236-5455
DATE

CR2E034 (12/95)