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 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M42839** **(4)**

1. Corporate Name
REESE'S APPLIANCE SERVICES, INC.

Mailing Address
C/O ALBERTA REESE
10420 SW 149TH TERR
MIAMI FL 33176

Principal Place of Business
C/O ALBERTA REESE
10420 SW 149TH TERR
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1986
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0155978 — 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. The corporation has totally or partially tax exempt property under S. 196.031, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
REESE, ALBERTA
10420 SW 149TH TERR
MIAMI FL 33176

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 Section 607.0505 and 607.1608, Florida Statutes, the above named corporation submits the 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Name and capacity of the person signing the statement — Signature of the proposed Agent (or Officer or Director of the proposed Agent) — Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REESE, ISOM
STREET ADDRESS	10420 SW 149TH TERR
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	REESE, RICHARD A.
STREET ADDRESS	10420 SW 149TH TERR
CITY, ST, ZIP	MIAMI FL
TITLE	STD
NAME	REESE, ALBERTA
STREET ADDRESS	10420 SW 149TH TERR
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Attach)

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information stated with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. Further certify that the information stated in the 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 agent authorized to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof or I am a person authorized by the board of directors to execute the report.

SIGNATURE: Isom Reese
SIGNATURE AND TYPE OR PRINT NAME OF BOARD OFFICER OR DIRECTOR

4/28/95 (305) 233-3559

0430880 FP