

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95-001-1 11:14:15

DOCUMENT # **P92000013971 (6)**

1. Corporation Name

APPLIANCES, SERVICES AND PARTS CO., INC.

Principal Place of Business

**1500 AIRWAY CIRCLE
SUITE-04
NEW SMYRNA BEACH FL 32168
US**

Mailing Address

**1500 AIRWAY CIRCLE
SUITE-04
NEW SMYRNA BEACH FL 32168
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3160696

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**

6. This Corporation has elected for information tax under § 119.002,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

State Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

State Apt. #, etc.

27

City & State

28

Zip

Country

29

30

8. Name and Address of Current Registered Agent

**ROBINSON, DAVID C
1326 S. RIDGEWOOD AVENUE
SUITE 6
DAYTONA BEACH FL 32114**

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 of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
NIXON, AUSTIN D
1500 AIRWAY CIRCLE
NEW SMYRNA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. Further, I 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:

Austin D. Nixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Austin D. Nixon

5-31-95

904-428-4348