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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000058628 (6)

1. Corporation Name
ADVANCED APPLIANCE SALES & SERVICE, INC

Principal Place of Business
1022 10TH ST.
ST. CLOUD FL 34769

Mailing Address
1022 10TH ST.
ST. CLOUD FL 34769-3330



3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3257045

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARPENTER, ANNE S
1022 10TH ST.
ST. CLOUD FL 34769

81 Name

Larry D. Carpenter
Street Address (P.O. Box Number is Not Acceptable)
420 Illinois Ave.

83

84 City

St. Cloud

FL

85 Zip Code

34769

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 LARRY D CARPENTER - President

(NOTE: Registered Agent signature required when reinstating) DATE 4-25-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CARPENTER, LARRY D
STREET ADDRESS 420 ILLINOIS AVENUE
CITY-ST-ZIP ST. CLOUD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VST
NAME CARPENTER, ANNE S.
STREET ADDRESS 420 ILLINOIS AVENUE
CITY-ST-ZIP ST. CLOUD FL

2.1 TITLE S/T
2.2 NAME Carpenter, Anne S.
2.3 STREET ADDRESS 420 Illinois Ave.
2.4 CITY-ST-ZIP St. Cloud, FL 34769

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VP
3.2 NAME Dunlow, Charles R.
3.3 STREET ADDRESS 1634 Pine St.
3.4 CITY-ST-ZIP Orlando, FL 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: LARRY D CARPENTER, Pres. 4-25-97 407-892-3373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)