PROFIT: # 3544 CORPORATION STATE OF ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053601

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90029 001 ***150.00

YOUR	HOMETOWN APPLIANCE C	ORPORATION		 	INEN EMBE MINE BINN BRIDG MAN GERL
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Principal Place of Business Mailing Address 1501 EAST ALFRED STREET 1501 EAST ALFRED STREE TAVARES FL 32778 TAVARES FL 32778					trac årsån isred milit maråt till 1001
			EET		
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed 07/01/1995	
⊢ '	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	t # etc	26		59-3329271	Not Applicable
22	L 17, 010.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State		- Charles Country 5	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	
, CEC	RGIZAN, FRANCIS E	The state of the s	81 Name		,
√ 250	2 EAST ORANGE AVENUE	the grade of the second	82 Street Add	dress (P.O. Box Number is Not Acceptable)	TURN .
	STIS FL 32726-N	•		the state of the s	* * * * * * * * * * * * * * * * * * *
,			83		
			84 City		85 Zip Code
.11 Pursuant	t to the provisions of Sections 607.050	02 and 607 1509 Florida State	too the share manned as	F	1
office or	registered agent, or both, in the State	of Florida. Such change was ations of Section 607 0505. Fl	authorized by the corporat	poration submits this statement for the purpose lion's board of directors. I hereby accept the app	of changing its registered ointment as registered
-90		andrio di, dodinin ddi .0000, i i	onda Statutes.	•	
SIGNATURE	3. 2.	<u> </u>			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating). OATE	
	Signature, typed or printed name of registered age OFFICERS AN	ont and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signature require		AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOT	E: Registered Agent signature required 13.	red when reinstating). OATE	
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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 chafteed, or on an attachment with an address, with all other like empowered.

352-343-8282