Applied For

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000070124

1. Corporation Name

APPLIANCE DEPOT OF INVERNESS, INC.

Principal Place of Business											
1618	S	REGAL	POINT								

2. Principal Place of Business

INVERNESS FL 34452

Mailing Address

1618 S REGAL POINT INVERNESS FL 34452

2a. Mailing Address

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90162 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/21/1996 4. FEI Number

50-3306021

21(29 00000 <u>E 1</u>				
Suite, Apt.	#, etc.	Suite, Apt.	, #, etc.		-	5. Certificate of Status	Desired [7	Additional equired .	
City & State	e .	City & Sta	ite			6. Election Campaign Trust Fund Contrib	- 1	1	May Be to Fees	
Zip	Country	Zip		Country		8. This corporation ov	ves the current	year Intangible		
24	25	29	30]		Personal Property	Тах.	☐Yes	□No	
	9. Name and Address of Curr	ent Registered Ager	nt			10. Name and Addres	ss of New Reg	istered Agent		
SPAULDING, ROBERT				81	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
				82						
1618 S REGAL POINT										
INVE	RNESS FL 34452			83						
				84	City	.		85 Zip	Code	
				54	City			FL S	0000	
11. Pursuant 1	to the provisions of Sections 607.0	502 and 607.1508. FI	orida Statutes.	the above	-named corpo	oration submits this stater	nent for the pur	pose of changing its	registered	
office or re	egistered agent, or both, in the Stat	te of Florida. Such ch	ange was autho	orizea by i	the corporatio	n's board of directors. I h	ereby accept th	ne appointment as re	egistered	
agent. I ar	m familiar with, and accept the obli	gations of, Section 60	17.0505, Florida	Statutes.						
SIGNATURE		4 - 4 Mat - 15 15 16	. ANOTE: B	interned Accept	signature required	(when eninetation)		DATE		
12.	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: Reg	13.	signature required	ADDITIONS/CHANG			ORS IN 12	
TITLE	D OFFICERS /		DELETE	1.1 TITLE				☐ Change	Addition	
NAME	SPAULDING, ROBERT	_		1.2 NAME						
	1618 S REGAL POINT			1.3 STREET	ADDRESS					
STREET ADDRESS	INVERNESS FL 34452		4	1.4 CITY-ST	,			•		
CITY-ST-ZIP	INVERNESS FL 34432		DELETE	2.1 TITLE	-217		_	[T] Change	Addition	
NAME	•	_	, 0000.0	2.2 NAME						
STREET ADDRESS				2.3 STREET	ADDRESS					
				2.4 CITY-S	1					
CITY-ST-ZIP TITLE		— — Е) DELETE	3.1 TITLE	1-21			. Change	☐ Addition	
NAME		-		3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4, CITY-S	r-ZIP					
TITLE			DELETE	4.1 TITLE				Change	Addition	
NAME				4.2 NAME	-					
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST	-ZIP					
TITLE			DELETE	5.1 TITLE				Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY+ST-ZIP				5.4 CITY-ST	-ZIP					
TITLE			DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME				6.2 NAME						
STREET ADDRESS		•		6.3 STREET	ADDRESS					
CTY-ST-ZIP	L			6.4 CITY-ST			_			
	partifu that the information supplied	with this filing doos n	et qualify for the	o overneti	on stated in S	ection 119 07/3\(i) Floric	a Statutes I fu	other certify that the	information	

Independent of the comportation supplied with this limit does not quality for the examption stated in Section 118.07(3)(f), Fiorida Statutes. I have call that the months 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 for on an attachment with an address with all other like empowered.

SIGNATURE: