

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000015669** ✓

ACE APPLIANCE PARTS INC.

Principal Place of Business

7 BEACH BLVD.
JACKSONVILLE FL 32246

Mailing Address

9827 BEACH BLVD.
JACKSONVILLE FL 32246



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3457857

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

25

29

30

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRENCE, TROY D
3009 TWIN OAKS DR.
MIDDLEBURG FL 32068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/4/99

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PT
TORRENCE, TROY D TROY
3009 TWIN OAKS DR. S.
MIDDLEBURG FL 32068 ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

VS
TORRENCE, LESLEY L
3009 TWIN OAKS DR. S.
MIDDLEBURG FL 32068 ☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/4/99

CR2E034 (5/99)

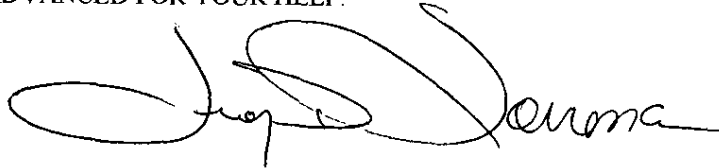
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587042-90007-20

TO WHOM IT MAY CONCERN,

I SPOKE TO A JO TOLLINGTON TODAY, 7/6/99 ABOUT MY CORP RENEWAL.
WE NEVER RECEIVED OUR FILLING PAPERWORK, AND WE HAD NO IDEA IT WAS DUE
UNTIL I RECEIVED THIS NOTICE.

MRS TOLLINGTON SAID TO SEND A NOTE, AND THE \$150.00 FILLING FEE.
I HOPE THIS WILL KEEP US IN GOOD STANDING, WITHOUT ANY LATE PENTALTIES.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME, TROY TORRENCE, @
904 646 1166. THANK YOU IN ADVANCED FOR YOUR HELP.

A handwritten signature in black ink, appearing to read "Troy Torrence". The signature is fluid and cursive, with a large loop at the beginning and a long, sweeping tail.

1999 JUL 10 AM
CORP. FILING
TROY TORRENCE
904 646 1166