

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90040 013 ***150.00

DOCUMENT # S17767

1. Entity Name
AMERICAN APPLIANCE, INC.

Principal Place of Business 4257 54TH AVE N ST. PETERSBURG FL 33714	Mailing Address 4257 54TH AVE N ST. PETERSBURG FL 33714-2253
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3038267** Applied For
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COYLE, HUGH J.
7125-118TH TERRACE NORTH
LARGO FL 34643

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: THOMPSON, MICHAEL R.		NAME:	
STREET ADDRESS: 4162-4TH AVE. NORTH		STREET ADDRESS:	
CITY-ST-ZIP: ST. PETERSBURG FL		CITY-ST-ZIP:	
NAME: COYLE, HUGH J.		NAME:	
STREET ADDRESS: 7125-118TH TERRACE NO.		STREET ADDRESS:	
CITY-ST-ZIP: LARGO FL		CITY-ST-ZIP:	
NAME: CRAIG, FRED M.		NAME:	
STREET ADDRESS: 6892-80TH TERRACE NO.		STREET ADDRESS:	
CITY-ST-ZIP: PINELLAS PARK FL		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael R. Thompson Date: 4-25-00 Daytime Phone #: 727-527-2854

CR2E034 (9/99)