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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S22987

2987 (9)

MR. JOHN'S APPLIANCE SERVICE, INC.

FILED
May 05 1997 8:00am
Secretary of State

Principal Place of Business 1614 E. AVENUE NORTH SARASOTA FL 34237		Mailing Address 1614 E. AVENUE NORTH SARASOTA FL 34237							
						3. Date Incorporated or Qualified 01/07/1991	1	e of Last F 2/1996	Report
2. Principal F	Place of Business	2a. Mailing Addre	SS			4. FEI Number		A	pplied For
21		26				65-0247598	·····	N	ot Applicabl
Suite Apt.	t. # etc.	Suite, Apt. #, 6	etc.			5. Certificate of Status Desired			Additional equired
City & Sta	ito	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	**********	\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Ζφ	Co	ountry		8. This corporation has liability for j	ntangible t	ax under s	199.032,
4	25	29	30			Florida Statutes	Yes 🗀	No.	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re-	pistered A	gent	
MAY	yner, Eugene			81	Name				
	6 LONGHORN DR.			82	Street Ar	dress (P.O. Box Number is Not Acceptab	le)		
SAR	RASOTA FL 34232				011001111	coros (i los bon nambos lo not nocopias	,		
				83					
				0.4	Oh.			1221 3	0(-
				84	City		FL	85 Zip	Code
SIGNATURE	Signizure, typed or printed name of registures				nt signature te	quired when reinstating)	DATE	DIRECTO	00 10 40
12.		AND DIRECTORS DEL	13		T	ADDITIONS/CHANGES TO OFFIC		Change	Addition
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NAME	MAYNER, EUGENE			NAME					
STREET ADDRESS					ADDRESS				
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. I do nereby 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:

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR

4-27-97

Daytime Phone #

ARGRAAN