SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V03229** **(4)**

1. Corporation Name

A-1 APPLIANCE SALES & SERVICE OF PANAMA CITY, IN C.

Principal Place of Business	Mailing Address
305 SHERMAN AVE PANAMA CITY FL 32401	305 SHERMAN AVE PANAMA CITY FL 32401

3. Date Incorporated or Qualified: 12/31/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 305 Sherman Ave.
Suite, Apt #, etc 22
City & State 23 Panama City, FL 32401
Zip 24 Country 25 USA

2a. Mailing Address
26 305 Sherman Ave.
Suite, Apt #, etc 27
City & State 28 Panama City, FL 32401
Zip 29 Country 30 USA

4. FEI Number: 59-3100652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLEWIS, JOHN WILLARD
305 SHERMAN AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: John Larry Clewis President
82 Street Address (P.O. Box Number is Not Acceptable): 305 Sherman Ave.
83
84 City: Panama City, FL 85 Zip Code: 32401

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	xxx DELETE	11 TITLE	President	xxx Change ☐ Addition
NAME	CLEWIS, JOHN W.		12 NAME	John L. Clewis	
STREET ADDRESS	205 SHERMAN AVE		13 STREET ADDRESS	305 Sherman Ave.	
CITY-ST-ZIP	PANAMA CITY FL		14 CITY-ST-ZIP	Panama City, FL 32401	
TITLE	VS	xxx DELETE	21 TITLE	Secretary/Treasurer	xxx Change ☐ Addition
NAME	CLEWIS, JOHN L.		22 NAME	Tifani Ann Clewis	
STREET ADDRESS	305 SHERMAN AVE		23 STREET ADDRESS	305 Sherman Ave.	
CITY-ST-ZIP	PANAMA CITY FL		24 CITY-ST-ZIP	Panama City, FL 32401	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-24-96 904/763-9833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #