

**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)**

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



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

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

2. Principal Place of Business: **305 Sherman Ave.** 2a. Mailing Address: **305 Sherman Ave.**  
21. Suite, Apt #, etc: **305 Sherman Ave.** 26. Suite, Apt #, etc: **305 Sherman Ave.**  
22. City & State: **Panama City, FL 32401** 27. City & State: **Panama City, FL 32401**  
23. Zip: **32401** Country: **USA** 28. Zip: **32401** Country: **USA**  
24. Zip: **32401** Country: **USA** 29. Zip: **32401** Country: **USA** 30. Zip: **32401** Country: **USA**

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: *[Signature]* (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PTD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CLEWIS, JOHN W.</b>
STREET ADDRESS	<b>205 SHERMAN AVE</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CLEWIS, JOHN L.</b>
STREET ADDRESS	<b>305 SHERMAN AVE</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>John L. Clewis</b>
13. STREET ADDRESS	<b>305 Sherman Ave.</b>
14. CITY - ST - ZIP	<b>Panama City, FL 32401</b>
21. TITLE	<b>Secretary/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>Tifani Ann Clewis</b>
23. STREET ADDRESS	<b>305 Sherman Ave.</b>
24. CITY - ST - ZIP	<b>Panama City, FL 32401</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* 7-24-96 904/763-9833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E034 (3/96)