FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

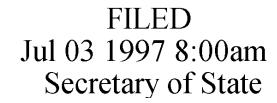
DOCUMENT # V03229

(4)

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

Principal	Place	of	Business

Mailing Address





1 miorpari noce		Maning Hadibao							
305 SHERMAN PANAMA FL 32 US		305 SHERMAN AVE Panama City FL 32401- US	4870						
						3. Date Incorporated or Qualified 12/31/1991	I	e of Last)1/1996	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3100652		1	Not Applicable
Sulte, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zíp :	Country 25	7 ip	Coun	try		8. This corporation has liability for in Florida Statutes	tangible t		s. 199.032,
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Rec	Istered A	gent	
JOH	N LARRY CLEWIS			B1	Name	· · · · · · · · · · · · · · · · · · ·			
305	SHERMAN AVE IAMA CITY FL 32401		1	82	Street Add	dress (P.O. Box Number is Not Acceptable	e)		
r All	PAIR OILL LE DETUI		į.	33					
			1	84	City		FL	85 Zir	Code
11. Pursuant to office or re agent. Lan	o the provisions of Sections 607.6 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Florida Statu late of Florida. Such change was oligations of, Section 607.0505, Fl	tos, the abo authorized lorida Statu	by by tes	named cor the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accep		L L changing intment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered					uired when reinstating)	DATE		
12.		AND DIRECTORS	13.		i ognator rod	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	P	DELETE	11111	E				Change	☐ Addition
NAME	CLEWIS, JOHN W.	/ \	1.2 NAN	ÆΕ					
STREET ADDRESS	305 SHERMAN AVE		1.3 STR	EET.	ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL		1,4 CITY	Y - \$1	T- 21P				
TITLE	ST	☐ DELETE	2.1 1(1)	E			· 1	Change	☐ Addition
NAME	TIFANI ANN CLEWIS		2.2 NAN	ΛE					
STREET ADDRESS	305 SHERMAN AVE	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	23 STR	EFT	ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL		2. 4 CIT		ST - ZiP			<u> </u>	
TITLE		DELETE	3.1 1(1)				ı	Change	L Addition
NAME	,	***	3.2 NAN						
STREET ADDRESS					ADDRESS	•			
CITY-ST-ZIP TITLE		☐ DELETE	34 CIT 41 1/1L		1-ZIP			Change	Addition
NAME	•		4. 2 NA					villingo	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 City						
TITLE		DELETE	5.1 101					Change	Addition
NAME			5.2 NAN	AE.	1			_	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CITY	/-S1	T-7IP			_	
TITLE		DELETE	6.1 ¥1TL	E				Change	Addition
NAME			6 2 NAN	AE.					
STREET ADDRESS			6.3 S1R	EE7	ADURESS				
CITY-ST-ZIP			6.4 CITY						
14. I do hereb	by certify that the information supp	plied with this filing does not qual	lify for the e	xei	mption state	ed in Section 119.07(3)(i), Florida Statutes	. I further	certify that	at the

1. I do 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 securate and that my signature shall have the same legal effect as if made under eath, 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 chapted, or on an attachment with an address:

CICMATUDE.

WHILE ENGLISHED ...

2/1/97 (904)763-1823

CR2E034 (9/96