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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H28734 (2)

1. Corporation Name
ASTRO TRANSMISSION PARTS, INC.

Principal Place of Business
601 E. ALFRED (OLD HWY. 441)
TAVARES FL 32778

Mailing Address
601 E. ALFRED (OLD HWY. 441)
TAVARES FL 32778



3. Date Incorporated or Qualified 11/05/1984	3a. Date of Last Report 04/15/1996
4. FEI Number 58-2478256	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SARVIS, GLENN A.
601 E. ALFRED (OLD HWY. 441)
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SARVIS, A. MUNROE	1.2 NAME	
STREET ADDRESS	601 E. ALFRED ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL	1.4 CITY - ST - ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SARVIS, GLENN A.	2.2 NAME	
STREET ADDRESS	601 E. ALFRED ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL	2.4 CITY - ST - ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SARVIS, DOTAILEEN	3.2 NAME	
STREET ADDRESS	601 E. ALFRED ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL	3.4 CITY - ST - ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SARVIS, DENISE	4.2 NAME	
STREET ADDRESS	601 E ALFRED ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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: Sandra B. Mortham SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97 (352) 343-0956
Date Daytime Phone #

CR2E034 (9/96)