

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1984	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-2478256	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☒ Yes ☐ No	
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	85 Zip Code FL

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

[Signature]

[Signature]

CR2E034 (10/97)