

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K54116** (4)

1. Corporation Name

**ENGINE REBUILDERS OF STUART, INC.**



Principal Place of Business

**C/O WILLIAM T. ALEXANDER  
86 S SEWALLS PT RD  
STUART FL 34996**

Mailing Address

**C/O WILLIAM T. ALEXANDER  
86 S SEWALLS PT RD  
STUART FL 34996**

2. Principal Place of Business

21 **3058 SE Monroe**

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

**Stuart FL**

27 City & State

28

24 Zip

**34997**

Country

**Martin**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ALEXANDER, WILLIAM T.  
86 S SEWALLS PT RD  
STUART FL 34996**

3. Date Incorporated or Qualified

**12/28/1988**

3a. Date of Last Report

**04/28/1995**

4. FEI Number

**65-0090133**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☐ No

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 fee applicant

(If NE, Registered Agent's name required when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ALEXANDER, WILLIAM T.**

STREET ADDRESS **86 S SEWALLS PT RD**

CITY-ST-ZIP **STUART FL**

TITLE **STD** ☐ DELETE

NAME **ALEXANDER, SALLIE**

STREET ADDRESS **86 S SEWALLS PT RD**

CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ DELETE

NAME **BIEHL, SARAH A**

STREET ADDRESS **86 S SEWALLS PT RD**

CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ DELETE

NAME **ALEXANDER, WILLIAM T., JR**

STREET ADDRESS **86 S SEWALLS PT RD**

CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sallie Alexander* Sallie Alexander Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

987-3021

Daytime Phone #

CR2E034 (12/95)