**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 30, 2018**
**Secretary of State**
**CC4033401505**

DOCUMENT# 623687

**Entity Name:** TOMMY'S TRANSMISSION AND AIR CONDITIONING, INC.

**Current Principal Place of Business:**

1130 S. US HIGHWAY #1
VERO BEACH, FL 32962

**Current Mailing Address:**

1130 S. US HIGHWAY #1
VERO BEACH, FL 32962 US

**FEI Number: 65-0174200**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARE, DEANNE J
1130 S. US HIGHWAY #1
VERO BEACH, FL 39262 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | ST | Title | VP |
| Name | HARE, DEANNE J | Name | HARE, THOMAS G |
| Address | 146 11TH STREET SW. | Address | 165 SE 12TH ST. |
| City-State-Zip: | VERO BEACH FL 32962 | City-State-Zip: | VERO BEACH FL 32962 |

| | |
|---|---|
| Title | T |
| Name | STOTLER, CAROL |
| Address | 1850 8TH CT SW |
| City-State-Zip: | VERO BEACH FL 32962 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: CAROL STOTLER TREASURER 04/30/2018

Electronic Signature of Signing Officer/Director Detail — Date