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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 141119

(8)

FLORIDA ELECTRIC MOTOR WORKS, INC.

**FILED** May 08 1998 8:00am Secretary of State



| Principal Place  | of Business  | Mailing Address            | iling Address |                                       |              | r indrigh sinds grand tsans binns tanna tans drait deint deint denst denst denst denst |
|--|--|----------------------------|---------------|---------------------------------------|--------------|--|
| 315 E 8TH ST   |  | P.O. BOX 3276              |               |                                       |              |  |
| P.O. BOX 3276<br>JACKSONVILLE FL 32206-0276  |  | JACKSONVILLE FL 32206-0276 |               |                                       |              | DO NOT WRITE IN THIS SPACE   |
| US   | E 16 32200-0270  | US                         |               |                                       |              | 3. Date Incorporated or Qualified  |
|  |  |                            |               |                                       |              | 11/03/1941   |
| 2. Principal Pi  | ace of Business  | 2a. Mailing Address        |               |                                       |              | 4. FEI Number Applied For  |
| 21   |  | 26                         |               |                                       |              | <b>59-0246337</b> Not Applicable   |
| Suite, Apt.  | #, <b>el</b> c.  | Suite, Apt. #, etc.        |               |                                       |              | 5. Certificate of Status Desired S8.75 Additional                                      |
| 22   |  | 27                         |               |                                       |              | Fee Required   |
| City & State   | 9  | City & State               |               |                                       |              | 6. Election Campaign Financing \$5.00 May Be   |
| 23   | 28   |                            |               |                                       |              | Trust Fund Contribution Added to Fees  |
| Zip  | Country  | <i>Ζ</i> φ                 | <del></del> - | Country                               |              | This corporation owes or has paid the current year intangible                          |
| 24   | 25   | 29                         | 30            | 30                                    |              | Personal Property Tax due June 30. Yes XXNo  |
| g. Name and Address of Current Registered Agent  |  |                            |               |                                       | Name         | 10. Name and Address of New Registered Agent   |
|  | TLEY, LAWRENCE T. JR   |                            |               | 81                                    | Name         |  |
| 315 E 8TH ST   |  |                            |               | 82                                    | Street A     | Address (P.O. Box Number is Not Acceptable)  |
| j JAC  | CK\$ONVILLE FL 32206   |                            |               | 83                                    |              |  |
|  |  |                            |               | 63                                    |              |  |
|  |  |                            |               | 84                                    | City         | 85 Zip Code  |
|  |  | 10072600 51 11 61          |               |                                       |              | FL 83 219 code   |
| 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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, typical or printed carrier of registered agent and life if ripplicable (NOTE, Registered Agent signature required when reinstating)  DATE  On the control of the cont |  |                            |               |                                       |              |  |
| Signature, typed or printe a range of registered agent and the it hipple able (NOTE Registered Agent and the it hipple able (NOTE Registered Agent and the it hipple able (NOTE Registered Agent) and the interest able to the interest agent and the it hipple able (NOTE Registered Agent) and the interest able to the interest agent and the interest agent agent and the interest agent age |  |                            |               |                                       | ii signatore | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                      |
| TITLE  | PD   | DELETE                     |               |                                       | T            | P/D XX Change Addition   |
| NAME   | MOTLEY JR, LAWRENCE T  | _                          | 1.2 NAME      |                                       |              | ZENGERLING, MICHAEL H.   |
| STREET ADDRESS   | AAR EART ATH ATREET  |                            |               |                                       | ADDRESS      | 315 East 8th street  |
| CITY-\$T-ZIP   | JACKSONVILLE FL  |                            | 140           |                                       | i i          | Jacksonville, Fl. 32206  |
| TITLE  | VD   | XX DELETE                  | 21 TITLE      |                                       |              | S/T/D XXChange Addition  |
| NAME   | VOELKER, THEODORE J  |                            | 2.2 NA        |                                       |              | FOSHEE, JEANETTE M.  |
| STREET ADDRESS   | 315 EAST 8TH STREET  |                            |               |                                       | ADDRESS      | 315 EASI 8th Street  |
| CITY-ST-ZIP  | JACKSONVILLE FL  |                            | 2.4 C         |                                       |              | Jacksonville, Fl. 32206  |
| TITLE  |  | DELETE                     | 3 1 Til       |                                       | . 44         | Change Addition  |
| NAME   |  |                            | 3.2 NA        |                                       |              | _ •  |
| STREET ADDRESS   |  |                            |               |                                       | address      |  |
| City-ST-ZIP  |  |                            | 3.4. CI       |                                       |              |  |
| TITLE  |  | DE'LETE                    | 4.1 TITLE     |                                       |              | Change Addition  |
| NAME   |  |                            | 4. 2 N        | AME                                   |              |  |
| STREET ADDRESS   |  |                            |               |                                       | ADDRESS      |  |
| CITY-ST-ZIP  |  |                            | 4.4 01        |                                       |              |  |
| TITLE  |  | DELETE                     | 5.1 1/TLE     |                                       |              | Change Addition  |
| NAME   |  |                            | 5.2 NA        |                                       |              |  |
| STREET ADDRESS   |  |                            |               |                                       | ADDRESS      |  |
| CITY-ST-ZIP  |  |                            | 5.4 CI        |                                       |              |  |
| TITLE  | +  |                            | 6.1 TiT       |                                       | -"           | ☐ Change ☐ Addition  |
| NAME   |  | _                          | 6.2 NA        |                                       |              | _ · <b>_</b>   |
| STREET ADDRESS   |  |                            | 1             |                                       | ADDRESS      |  |
|  |  |                            |               | 6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |              |  |
| CITY-ST-ZIP  | The state of the s |                            | 0.4 CI        | 11-21                                 | - ZIF        | 10.00 (10.07(0)/) (1.01.01.11.11.11.11.11.11.11.11.11.11.11                            |

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

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