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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED

99 MAR 29 PH 12: 22

SECRETARY OF STATE

DOCUMENT # 338896 1. Corporation Name ELLIOTT CRANKSHAFT CORP				TALLAHASSEE, FLORIDA	
Principal Place of Business		Mailing Address			01011 01016 01011 01011 01016 1001
250 N. BUENA VISTA DR.		250 N. BUENA VISTA DR.			
LAKE ALFRED FL 33850		LAKE ALFRED FL 33850		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	o or not
				12/13/1968	
2. Principal Place of Business		2a. Mailing Address		4. FET Number	Applied For
21		[26]		59-1397780	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired [ ]	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution ( )	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year h	ntangible
24	25	29	0	Personal Property Tax	[   Yes   Mo
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent
PFTI	ERSON, DAVID L.		81 Name		
3118 WALNUT ST. NW			82 Street Add	Address (P.O. Box Number is Not Acceptable)	
	TER HAVEN FL 33850		83		
1					
1			84 City	F!	85   Zip Code
1. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	ւ - i i the above named cou	oration submits this statement for the purpose or ion's board of directors. Thereby accept the appr	of changing its registered
office or r agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by the corp⊝rati Ia Statutes	on's hoard of directors. Thereby as cept the appe	untrient as registered
SIGNATURE					
	Signature, typed or printed name of registered a jer	and the commence of the first section of the contract of the c	egistered Agent Sijoniano orpino <b>II 13.</b>	DATE ADDITIONS/CHANGES TO OFFICERS A	IND DIDECTORS IN 12
12.	V	ID DIRECTORS	13. 13 TITLE	ADDITIONS/GRANGES TO OFFICERS A	[   Change [ ] Addition
NAME	PETERSON, RANDALL D.	£.3 <b>6</b> 64472	1.2 NAME		[ ]=
STREET ADDRESS	3118 WALNUT ST NW		+3 STREET ADDRESS		
CITY+ST-ZIP	WINTER HAVEN FL		1.4 CiTY+S*-7iP		
TITLE	PD	[   DELETE	21 TITLE		[]Change []Addition
NAME	PETERSON, DAVID I.		2.2 NAME	100002830	06115
STREET ADDRESS	3118 WALNUT N.W.		2.3 STREET ADDRESS	-04/06/99	01037~~022
CITY-ST-ZIP	WINTER HAVEN FL		2 4 CITY-ST-ZIP	****150 <u>.00</u>	L.****150.00
TITLE	ST PORTO	[] DELETE	3 1 TITLE		[ ] Change [ ] Addition
NAME	PETERSON, DORIS L. 3118 WALNUT ST NW		3.2 NAME		
STREET ADDRESS	WINTER HAVEN FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	WHITEH IDAGEN TE	DELETE	4 1 TITLE		[   Change
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY+ST+ZiP		
TITLE		[   DELETE	5 1 TITLE	•	[   Change   [ ] Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		and the same of th	54 CITY-ST-ZIP 61 TITLE		Fire and Fire and
TITLE		(]) DELETÉ	6 1 1111 E 6 2 NAME		[ ] Change [ ] Addition
NAME			63 STREET ADDRESS		^
STREET ADDRESS			0.3 3 LUC C > M2 ( MC-33)		۸/۸

14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florido 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 receivery or Justice empowered to execute this report as required by Chapter 697. Florido Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

224.99

941-956-4452