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

**FILED** Apr 27 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name 339462 (4) AUTOMOTIVE ELECTRONICS INC Principal Place of Business Mailing Address 1312 N. LIME AVE. 1312 N. LIME AVE. SARASOTA FL 34237 SARASOTA FL 34237 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1968 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 905 ROCKMART HWY Suite, Apt. \*, etc. *905 RocKMART HWY* Suite, Apt. #, etc. 59-1226977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 ViLL Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible 24 3018 Personal Property Tax due June 30. Yes 25 Name and Address of Current Regist 10. Name and Address of New Registered Agent Name HOLCOMBE, J N **5940 EMERALD HARBOR** Street Address (P.O. Box Number is Not Acceptable) **LONG BOAT KEY FL 34228** 83 84 City 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 hance of registered agend and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 111006 TITLE HOLCOMBE, J N NAME 1.2 NAME **5940 EMERALD HARBOR** STREET ADDRESS 1.3 STREET ADDRESS **LONG BOAT KEY FL 34228** CITY-ST-ZIP 1.4 CITY - ST - ZIP ■ DELETE Change 2.1 TITLE TITLE HOLCOMBE, J R 2.2 NAME NAME 905 ROCKMART HWY VILLA RICA GA 30189 1055 ARDEN AVE., S.W. 2.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 30310 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE TITLE HOLCOMBE, ELIZABETH NAME 3.2 NAME 905 ROCKMART HWY 1055 ARDEN AVE., S.W. 3.3 STREET ADDRESS STREET ADDRESS VILLA RICA GA 30180 ATLANTA GA 30310 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

41. 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 supplier on the structure of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with ap address. James R. HOLCOMAE . Pres **SIGNATURE** 

6.1 TITL€

6.2 NAME

6.3 STREET ADDRESS

Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP