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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **388568**

(8)

1. Corporation Name

MECHANICAL REBUILDERS, INC.



Principal Place of Business

**1663 10TH WAY
SARASOTA FL 34236**

Mailing Address

**1663 10TH WAY
SARASOTA FL 34236-4110**

3. Date Incorporated or Qualified

09/17/1971

3a. Date of Last Report

08/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERTZLER, DWIGHT E.
1663 10TH WAY
SARASOTA FL 34236**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

**PD
HERTZLER, DWIGHT E
1663 10TH WAY
SARASOTA, FL 00000**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**V
HERTZLER, JOYCE
1663-10TH WAY
SARASOTA, FL 00000**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**T
HERTZLER, DWIGHT E
1663 10TH WAY
SARASOTA, FL 00000**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**S
HERTZLER, JOYCE
2364 FLOYD ST.
SARASOTA, FL 00000**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
CHAPMAN, KENNETH
1920 GOLF ST.
SARASOTA FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do 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.

SIGNATURE:

Dwight E. Hertzler **Dwight E. Hertzler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

48-97 (941) 953-7944

Date

Daytime Phone #

0420669

CR2E034 (9/96)