## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	
DOCUMENT  1. Corporation Name	#

536416

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Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  State  Fee Required  \$5.00 May Be	SCHU	IGGS MOTOR COMP	ANT, INC.				I BUR BUR BURN BURN BURN BURN BURN BURN B
PALATIKA FI. 32177-3693 PALATIKA FI. 32177-3693 PALATIKA FI. 32177-3693  2. Fining Place of Business 2. Suite, April. v. etc. 2. Suite, April. v. etc. 2. Suite, April. v. etc. 2. Conf. Suite S	Principal Place	of Business	Mailing Address				
Principal Place of Business   2a, Malling Address   5c, Principal Place of Business   2a, Malling Address   5c, Principal Place of Business			_ ;				
Suite, April, II, etc.   25   Suite, April, II, etc.   27   Country   27   Country   28   City & Salare   29   City & Salare   29   City & Salare   29   City & Salare   20   C						' '	· •
Subsect Appl. 4, etc.   Subsect	2. Principal Pla	ce of Business	<del></del> -	3		4. FEI Number	L
City & State	21					59-1754253	
28	22		27	ic.		5. Certificate of Status Desired	1 1
25	City & State						
S. Name and Address of Current Registered Agent		<del>  </del>	<del> </del>	— — ·	<i>f</i>	1	
SCRUGGS, JOSEPH D. 2407 REID ST., RT 5, BOX 1857 PALATKA FL 32077  B4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its negistered office or registered agent, or both, in the State of Florids. Such change was submortized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Sociotion 607 0505. Florids Statutes  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  STIRET ADDIESS  ROUTE 5, BOX 1857  PALATKA FL  OFLETE  1 TITLE  PALATKA FL  OFLETE  2 1 TITLE  PALATKA FL  OFLETE  2 1 TITLE  PALATKA FL  OFLETE  3 1 STREET ADDIESS  CITY-S1-2P  PALATKA FL  OFLETE  4 1 TITLE  OFLETE  3 1 TITLE  OFLETE  4 1 TITLE  OFLETE  5 1 TITLE  OFL		9. Name and Address of	Current Registered Agent			10. Name and Address of New I	Registered Agent
2407 REID ST., RT 5, BOX 1857   843   2407 REID ST., RT 5, BOX 1857   844   City				81	Name		
PALATKA FL 32077				82	Street Add	iress (P.O. Box Number is Not Acceptal	ble)
PALATIKA FL \$2077			7	92			
1.   Pursuant to the provisions of Sections 637.0502 and 607.1508. Florids Statutes the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 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, florids statutes   Signature   Signature to the provisions of, Section 607.0505, florids statutes   Signature   Signature to the obligations of, Section 607.0505, florids statutes   Signature   Signature to the obligations of, Section 607.0505, florids statutes   Signature   Signature to the obligations of, Section 607.0505, florids statutes   Signature   Signature to the obligations of, Section 607.0505, florids statutes   Signature   Signature to the obligations of, Section 607.0505, florids statutes   Signature   Signature to the obligations of, Section 607.0505, florids statutes   Signature   Signature to the obligations of, Section 607.0505, florids statutes through the obligation of t	PALAT	KA FL 32077		63			
11. Part   12.   Part   13.				84	City		85 Zip Code
Signature   December or protect descript of ingeliates   Note: Programme system recovers when menularing   DAYS   12.	or registere	ed agent, or both, in the State	of Florida. Such change was au	thorized by the corp	named corpo poration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its registered office
12.	SIGNATURE _					no when work deat	DATE
NAME   SCRUGGS, DOTTIE E.   12 NAME   13 STREET ADDRESS   ROUTE 5, BOX 1857   13 STREET ADDRESS   ROUTE 5, BOX 1857   14 CITY-ST-2P   PALATKA FL   14 CITY-ST-2P   Change   Addition   Ad					int signature require		
NAME   SCRUGGS, DOTTIE E.   1.2 NAME   1.3 SIREET ADDRESS   PALATKA FL   1.3 SIREET ADDRESS   PALATKA FL   1.4 CITY-ST-2P	· · · · · · · · · · · · · · · · · · ·						······································
STREET ADDRESS	NAME		E.	1.2 NAME			
DELETE   2 1 TITLE   Change   Addition	STREET ADDRESS			1.3 STREE	r andress		
NAME   SCRUGGS, JOSEPH D.   22 NAME   23 STREET ADDRESS   CITY-S1-ZIP   PALATIKA FL   DELETE   3 1 THLE   Change   Addition   Addi	CHTY+ST+ZIP				ST-ZIP		
STREET ADDRESS	TITLE	P	DĒLĒTI	2 1 TITLE			Change Addition
CITY-S1-ZIP	NAME						
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NAME		PALATKA FL.	T NO STO				Change Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY - ST - ZIP     TITLE			Cherry				Change Chyconion
Change					T ADDRESS		
DELETE							
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP			DELETI				Change Addition
CITY-ST-ZIP	NAME		<del></del>	4.2 NAME			
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CITY-ST-ZIP         CHANGE STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP         CHANGE STREET ADDRESS         CITY-ST-ZIP	STREET ADDRESS			4.3 STREE	f ADDRESS	•	
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change ↑ Addition           NAME         6.2 NAME           STREET ADDRESS         6.9 STREET ADDRESS         6.4 CITY-ST-ZIP	CITY - S1 - ZIP			4.4 CITY-	ST-ZIP		
STREET ADDRESS         53 STREET ADDRESS           CITY-S1-ZIP         5.4 CITY-S1-ZIP           TILLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.9 STREET ADDRESS           CITY-S1-ZIP         6.4 CITY-S1-ZIP	TITLE		☐ DELETI	5. 1 TITLE			Change Addition
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TILE         DELETE         6 1 TILE         Change ' Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CITY-SI-ZIP         64 CITY-SI-ZIP	STREET ADDRESS			5.3 STREE	T ADDRESS		
NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-SI-ZIP         6.4 CITY-SI-ZIP	C(1)Y-S1-Z(P						
STREET ADDRESS CITY-SI-ZIP 63 STREET ADDRESS 64 CITY-SI-ZIP			☐ DELETI		- 1		Change 7 Addition
CITY-S1-ZIP 64 CITY-S1-ZIP							
	1	garage security				•	
		, cartify that the information o	unalled with this filing is valuated			for the exemption stated in Section 116	07/3Vk) Florida Statutes I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k). 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 cath; 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 30 if changed, or on an attachment with an address.

SIGNATURE:

VATURE AND TYPED OR PHINTED NAME OF SIGNING OF FIRST OR DIRECTOR

4/12/96

904 328 7474 Destina Prone # :R2E034 (12/9)