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

STREET ADDRESS

Block 12 or Block 13 if changed, or organ attachment with an address

CITY-ST-ZIP

FILED Apr 21 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION, Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 537226 (3) FAULK STARTER AND GENERATOR SERVICE, INC. Principal Place of Business Mailing Address 201 EARLY STREET 201 EARLY STREET NICEVILLE FL 32578 NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/15/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1748032 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FAULK, HENRY A 81 Name 201 EARLY ST 82 Street Address (P.O. Box Number is Not Acceptable) NICEVILLE FL 83 84 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 piculed name of registered againt and fille if apollouble (NOTE Registered Agent signature required when reinstating) 12. 13. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TILLE Addition FAULK, HENRY A NAME 1.2 NAME 201 EARLY STREET ADDRESS 1.3 STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 IIILE Change Addition HERNDON, WILLIAM H NAME 22 NAME 201 EARLY STREET ADDRESS 2.3 STREET ADDRESS **MICEVILLE FL** CITY-ST-ZIP 2. 4 CHY-ST-ZIP TITLE DELETE 3.1 INTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-7\P DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE G.1 TO LE Addition Change NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 logal effect as if made under eath; 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