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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	MENT # 615114 R Engine Service, Inc.	(6)		. 1881/18 8/18/18/18/18/18/18/18/18/18/18/18/18/18	1 BIBII BOSIO BOBII BIBII BIBII BIBII BOBI
Principal Place of Business 38320 AVE "B" MUNICIPAL AIRPORT ZEPHYRHILLS FL 33540 US		Mailing Address C/O WILLIAM J. CATTO 452 PLEASANT GROVE RD. INVERNESS PL 34452-5746		3. Date Incorporated or Qualified 3a. Date of Last Report	
				03/23/1979	04/25/1996
2. Principal Place of Business		28. Mailing Address 26 5671 5. DEDETERR.		4. FEI Number 59-2615962	Applied For
Sulte, Apt. #, etc.		26 5671 5. Do	ede iek		Not Applicable
22		27 (		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 TWEENES	Country	Trust Fund Contribution	LJ Added to Fees
24	25		7 U.S.A	8. This corporation has liability for Florida Statutes	Yes No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Re	
CATTO, WILLIAM J 81 Names Crew and					lross only)
452 PLEASANT GROVE FIB. HIVERNESS PL 34452				ddress (P.O. Box Number is Not Accepte	
, """	LINICOO I C OTTOC		83	71 9. DEDECTE	ERNCE
			84 <u>City</u>		les Zin Codo
			المسلسا	WERNESS	FL 15 34452
11. Pursuant to the physisions of Sections (107.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in a state tit torida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lapt a hits with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of rejestered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD PORTER, RICHARD	☐ DELETE	1.1 TIPLE		Change Addition
NAME STREET ADDRESS	1478 N DERRICK DR		1.2 NAME 1.3 STREET ADDRESS		3
CITY-ST-ZIP	CASPER WY		1.4 CITY-ST-ZIP		N
TITLE	V	☐ DELFTE	21 HILE		Change Addition
NAME	VOLLRATH, HERMAN D.		2.2 NAME		
STREET ADDRESS	37752 14 AVE		2 3 STREET ADDRESS		i
CITY-ST-ZIP	ZEPHYRHILLS FL	DELETE	2. 4 CITY - ST - ZIP		Change Addition
NAME		∟ britit	3.1 TITLE 3.2 NAME		C Anguitott
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- \$1 - ZIP		
TITLE		DELFTE	4.1 TITLE		Change Addition
NAME		l	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		{
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		<del></del>	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		j
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME Street address			6.2 NAME		
CITY-ST-ZIP	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filling 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 chapter 607, and an attrachment with an address.

**FILED** 

Apr 18 1997 8:00am

Secretary of State