

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **849414** (8)
1. Corporation Name
FREESE SPEEDOMETER SERVICE INCORPORATED



Principal Place of Business
**12147 CORTEZ BLVD.
UNIT 1
BROOKSVILLE FL 34613
US**

Mailing Address
**12147 CORTEZ BLVD
BROOKSVILLE FL 34613
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 mobile	26 14109 Angle Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 Hudson, FL
Zip	Zip
24	29 34669 Pasco
Country	Country
25	30

3. Date Incorporated or Qualified 06/12/1981	Applied For
4. FEI Number 37-0856777	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JACOBS, BENITA B.
7815 EDINBURGH DRIVE
NEW PORT RICHEY FL 34653**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JERRY CHAD	1.2 NAME	
STREET ADDRESS	3585 COMMERCIAL WAY, UNIT 1	1.3 STREET ADDRESS	14109 Angle Drive
CITY-ST-ZIP	SPRING HILL, FL 34608	1.4 CITY-ST-ZIP	Hudson, FL 34669
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, BENITA B.	2.2 NAME	
STREET ADDRESS	3585 COMMERCIAL WAY, UNIT 1	2.3 STREET ADDRESS	7815 Edinburgh Drive
CITY-ST-ZIP	SPRING HILL, FL 34608	2.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JEFFREY JAY	3.2 NAME	
STREET ADDRESS	3585 COMMERCIAL WAY, UNIT 1	3.3 STREET ADDRESS	1652 Larkin Road
CITY-ST-ZIP	SPRING HILL, FL 34608	3.4 CITY-ST-ZIP	Spring Hill, FL 34608
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Benita B. Jacobs* Benita B. Jacobs 4/15/98 (813)848-5709

CR2E034 (10/97)