

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03147

(8)

1. Corporation Name

ECONOMY TRANSMISSIONS, INC.



Principal Place of Business

C/O JOE DEMARTINO
3403 GANDY BLVD.
TAMPA FL 33611

Mailing Address

C/O JOE DEMARTINO
3403 GANDY BLVD.
TAMPA FL 33611

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/24/1980

3a. Date of Last Report
01/18/1995

4. FEI Number

59-2042884

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

10. Name and Address of New Registered Agent

DE MARTINO, JOE
3403 GANDY BLVD.
TAMPA FL 33611

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 of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY, ST, ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY, ST, ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY, ST, ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY, ST, ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY, ST, ZIP

12.28 TITLE

12.29 NAME

12.30 STREET ADDRESS

12.31 CITY, ST, ZIP

12.32 TITLE

12.33 NAME

12.34 STREET ADDRESS

12.35 CITY, ST, ZIP

12.36 TITLE

13. ADDITIONS CHANGE TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 changes, or additions, are being made with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 837-8905

Do Not Print

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