FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 MAR 21 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # F72590 (5)

1. Corporation Name
ELECTRIC MOTOR REPAIR SERVICE OF FORT WALTON BEA CH, INC.

Principal Place of Business	Mailing Address
ON BEACH. INC. 1128 HOSPITAL ROAD FT WALTON BEACH FL 32547-6742	ON BEACH. INC. 1128 HOSPITAL ROAD FT WALTON BEACH FL 32547-6742

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: 90 Skipper Av.	Suite, Apt. #, etc. 27: 90 Skipper Av.
City & State 23: Ft. Walton Beach, Fl.	City & State 28: Ft. Walton Beach, Fl.
Zip 24: 32547-6742 Country 25	Zip 29: 32547-6742 Country 30

3. Date Incorporated or Qualified: 03/18/1982
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2185119 ☐ 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

9. Name and Address of Current Registered Agent

OGLESBY, DOUGLAS THOMAS
1128 HOSPITAL ROAD
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Oglesby, Douglas Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 90 Skipper Av.
83
84 City: Ft. Walton Beach FL 85 Zip Code: 32547

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	OGLESBY, DOUGLAS T	1.2 NAME	
STREET ADDRESS	1128 HOSPITAL ROAD	1.3 STREET ADDRESS	90 Skipper Av.
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	Ft. Walton Beach, Fl.
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	OGLESBY, KATHERINE	2.2 NAME	
STREET ADDRESS	1128 HOSPITAL ROAD	2.3 STREET ADDRESS	90 Skipper Av.
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	Ft. Walton Beach, Fl.
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	OGLESBY, LESLIE N.	3.2 NAME	
STREET ADDRESS	1128 HOSPITAL ROAD	3.3 STREET ADDRESS	90 Skipper Av.
CITY-ST-ZIP	FT. WALTON BEACH FL	3.4 CITY-ST-ZIP	Ft. Walton Beach, Fl.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Douglas T. Oglesby 3-17-95 (904) 862-0433
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0300006 CP