

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

FILED

Feb 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F72590** (5)  
1. Corporation Name  
**ELECTRIC MOTOR REPAIR SERVICE OF FORT WALTON BEACH, INC.**

Principal Place of Business  
**90 SKIPPER AVE.  
FT. WALTON BEACH FL 32547-6742  
US**

Mailing Address  
**90 SKIPPER AVE.  
1128 HOSPITAL ROAD  
FL. WALTON BEACH FL 32547-6742  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/18/1982**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2185119</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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

8. Name and Address of Current Registered Agent

**OGLESBY, DOUGLAS THOMAS  
90 SKIPPER AVE.  
FT. WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 *Douglas T. Oglesby* **Douglas T. Oglesby** **2-17-98**  
Signature typed or printed name of registered agent and title, if applicable (Not Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OGLESBY, DOUGLAS T</b>	1.2 NAME	
STREET ADDRESS	<b>4827 ANTIOCH RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OGLESBY, KATHERINE I.</b>	2.2 NAME	
STREET ADDRESS	<b>4827 ANTIOCH RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OGLESBY, LESLIE N.</b>	3.2 NAME	
STREET ADDRESS	<b>4834 ANTIOCH RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 *Douglas T. Oglesby* **Douglas T. Oglesby** **2-17-98**

CR2E034 (10/97)