### SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90001 043 \*\*\*150.00

DOCU	JMENT ion Name	#	F72590

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

So SKIPPER AVE. FT. WAITON BEACH FL 32547-6742 US  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Applied For Not Applicable 3. Date Incorporated or Qualified 03/18/1982  2. Principal Place of Business 2. Applied For Not Applicable 3. Date Incorporated or Qualified 03/18/1982  3. Date Incorporated or Qualified 03/18/1982  3. Date Incorporated or Qualified 03/18/1982  4. FEI Number 59-2185119 Suite, Apt. #, etc. 5. Certificate of Status Desired 58. 75 Additional Fee Required. 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-2185119 Suite, Apt. #, etc. 50. Certificate of Status Desired 59-218
US  FL WALTON BEACH FL 32547-6742 US  3. Date Incorporated or Qualified 03/18/1992  2. Principal Place of Business 2a. Majling Address 2b. QO SK IPFL AVE. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. Suite, Apt. #, etc. P. etc.
2. Principal Place of Business  3. Path Industry  3. Date Incorporated or Qualified  3. Not Applied For  5. Certificate of Status Desired  \$8. To Status Desired  \$5.00 May Be  Added to Fees  Added to Fees  Added to Fees  Added to Fees  No.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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 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 office or registered agent and tible if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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2. Principal Place of Business  2a. Mailing Address 2b. U.S. Liffed AUC.  2b. Suite, Apt. #, etc.  2c. Suite, Apt. #, etc.  2c. Suite, Apt. #, etc.  2d. City & State  2d. City & State  2d. Country 2d. 2g. Zip 2d. 2g. Zip 2d. 2g. Zip 2d. 2g. Zip 2d. Suite Agent Address of Current Registered Agent  2d. Suite, Apt. #, etc.  2ip 2o. Country 2d. Suite 2d. 2
21 26 90 SEIPFE AVE. 59-2185119 Not Applicable  Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required.  City & State City & State Country Sipport State Country Sipport State Sipport Specifical State Sipport Specific Specific State Sipport Specific Specific State Specific Specific State Specific Specific Specific State Specific Specific Specific State Specific Specific State Specific
Suite, Apt. #, etc.    Suite, Apt. #, etc.
27 City & State  Country  Zip  Country  Zip  Country  Zip  Country  Selection Campaign Financing Trust Fund Contribution  Added to Fees  No  Pres Required  Fee Required  \$5.00 May Be Added to Fees  Added to Fees  No  Selection Campaign Financing Trust Fund Contribution  Report Fill  Note  Occurrent year Intangible Personal Property.  No  10. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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, typed or printed name of registered agent and tible if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
City & State  Country  Zip  Country  State  Country  Stream and Address of Current Registered Agent  OGLESBY, DOUGLAS THOMAS  90 SKIPPER AVE.  FT. WALTON BEACH FL 32547  81 Name  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 agent, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NAME  City  FL 85 Zip Code  City Statutes and familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  NOTE: Registered agent signature required when reinstating)  DATE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Zip Country Zip Country Signature, typed or printed name of registered agent and title if applicable.  Zip Country Signature, typed or printed name of registered agent and title if applicable.  Zip Country Signature required when reinstating)  Trust Fund Contribution Added to Fees  8. This corporation owes the current year that and contribution The state of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. OFFICERS AND DIRECTORS IN 12  Trust Fund Contribution Added to Fees  8. This corporation owes the current year that and corporation owes the current year that and contribution The state current year and the s
Zip Country 29 3,254 7 30
25 29 3.25 30 10 Intangible Personal Property. Yes No  9. Name and Address of Current Registered Agent  OGLESBY, DOUGLAS THOMAS 90 SKIPPER AVE. FT. WALTON BEACH FL 32547  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83
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CITYSTAIR CRESTVIEW FL 32536
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STREET ADDRESS 4627 ANTIOCH RD - 23 STREET ADDRESS 2244-James Peaden Rd
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STREET ADDRESS

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:

CR2E034 (5/99)

## ELECTRIC MOTOR REPAIR SERVICE, INC

90 Skipper Avenue Fort Walton Beach, Florida 32547

### To whom It May concern:

Upon receiving the 2nd request to file the corporation report I realized I never got the first request. Looking closely I discovered that it was sent to 1128 Hospital Dr. (our old address) and someone marked through it and forwarded it on to us. If you will look at our past record we have never been late before. I can't explain why it has always gotten to us before, except it is a small town and everyone know us or of us. The mail person may have changed this year I do not know.

I called your office and was told to send the \$150.00 and make the corrections necessary for the address which I am doing. I will call in a couple of weeks to see if all is well.

Thank You

Katherine Oglishy