

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

DOCUMENT # **F72590**

1. Corporation Name

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

Principal Place of Business

**90 SKIPPER AVE.
FT. WALTON BEACH FL 32547-6742
US**

Mailing Address

**90 SKIPPER AVE.
~~4128 HOSPITAL ROAD~~
FL WALTON BEACH FL 32547-6742
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1982

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 owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

90 SKIPPER AVE.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

FT. WALTON BCH, FL

Zip

24

Country

25

Zip

29

32547

Country

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **OGLESBY, DOUGLAS T**
STREET ADDRESS **4627 ANTIOCH RD**
CITY-ST-ZIP **CRESTVIEW FL 32536**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Douglas T Oglesby**
1.3 STREET ADDRESS **2244 JAMES PEADEN RD**
1.4 CITY-ST-ZIP **Baker, FL 32531**

TITLE **ST** ☐ DELETE
NAME **OGLESBY, KATHERINE I.**
STREET ADDRESS **4627 ANTIOCH RD**
CITY-ST-ZIP **CRESTVIEW FL 32536**

2.1 TITLE **ST** ☒ Change ☐ Addition
2.2 NAME **Katherine I Oglesby**
2.3 STREET ADDRESS **2244 James Peaden Rd**
2.4 CITY-ST-ZIP **Baker, FL 32531**

TITLE **V** ☐ DELETE
NAME **OGLESBY, LESLIE N.**
STREET ADDRESS **4634 ANTIOCH RD**
CITY-ST-ZIP **CRESTVIEW FL 32536**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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** **7/12/99** **850-862-0433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0114243

CR2E034 (5/99)

590087-90001-43

F72890

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

Kathleen Oglesby