SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 19 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F86991** **(9)**

1. Corporation Name
DIESEL INJECTION SERVICE OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
2988 SE MONROE ST. STUART FL 34997	2988 SE MONROE ST. STUART FL 34997

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/28/1982**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2196135** ☐ 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

FRANKE, ALFRED H.
2988 S.E. MONROE ST.
STUART FL 33497

10. Name and Address of New Registered Agent

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 _____ 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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FRANKE, ALFRED	1.2 NAME	FRANKE, ALFRED	
STREET ADDRESS	2988 S.E. MONROE ST.	1.3 STREET ADDRESS	2988 S.E. MONROE ST.	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL.	
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	FRANKE, LUCILLE	2.2 NAME		
STREET ADDRESS	2988 S.E. MONROE ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP		
TITLE	VP Pres.	3.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	SNYDER, JOHN	3.2 NAME	SNYDER, JOHN	
STREET ADDRESS	2988 S.E. MONROE ST.	3.3 STREET ADDRESS	2988 S.E. MONROE ST.	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL.	
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	DEVANNY, JOHN	4.2 NAME		
STREET ADDRESS	2988 S.E. MONROE ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	RADICH, RONALD	5.2 NAME		
STREET ADDRESS	2988 S.E. MONROE ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	$87.50	
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	FRANKE, MICHAEL	6.2 NAME		
STREET ADDRESS	2988 S.E. MONROE ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Lucille Franke, STD 6/12/95 407-283-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01201176 CP