

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

FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94056** (1)

1. Corporation Name
FOSTER MOTOR CO., INC.

Principal Place of Business

% JEFF FOSTER
3204 W. TENNESSEE ST.
TALLAHASSEE FL 32304
US

Mailing Address

% JEFF FOSTER
3204 W. TENNESSEE ST.
TALLAHASSEE FL 32304-1002
US



3. Date Incorporated or Qualified **08/10/1982** 3a. Date of Last Report **05/21/1996**

4. FEI Number **59-2288496** 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

2. Principal Place of Business

21 **3351 W Tennessee St**
Suite, Apt. #, etc.

2a. Mailing Address

26 **3351 W Tennessee St**
Suite, Apt. #, etc.

City & State

23 **Tallahassee FL**

City & State

28 **Tallahassee**

Zip

24 **32304**

Country

25 **US**

Zip

29 **32304**

Country

30 **US**

9. Name and Address of Current Registered Agent

FOSTER, JEFFREY E.
3204 W. TENNESSEE ST.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3351 W Tennessee St

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of person making change of registered office or registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	FOSTER, JEFFREY E
STREET ADDRESS	3204 W TENNESSEE ST
CITY - ST - ZIP	TALLAHASSEE, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	WIENEKE, TOM
STREET ADDRESS	3204 W TENNESSEE ST
CITY - ST - ZIP	TALLAHASSEE, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	DRAWDY, COLEY
STREET ADDRESS	3204 W TENNESSEE ST
CITY - ST - ZIP	TALLAHASSEE, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	FOSTER, REBECCA
STREET ADDRESS	3204 W. TENNESSEE ST.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3351 W Tennessee St
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3351 W Tennessee St
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3351 W Tennessee St
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3351 W Tennessee St
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: **Coley B Drawdy** 2-4-97 904575-3364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)