

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 21, 1999 8:00 am
Secretary of State

07-21-1999 90015 009 ***550.00

DOCUMENT # **F97000004579**

1. Corporation Name

STARCRAFT AUTOMOTIVE GROUP, INC.

593103 - 90015 - 9



Principal Place of Business

**2703 COLLEGE AVE.
P.O. BOX 1903
GOSHEN IN 46526**

Mailing Address

**2703 COLLEGE AVE.
P.O. BOX 1903
GOSHEN IN 46526**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

35-1923562

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**JUAREZ, JOSE
7 EAST SILVER SPRINGS BLVD., STE. 401
CONCORD SQUARE
OCALA FL 32678**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
300 S.E. First Avenue #B

83

84 City

Ocala

FL

85 Zip Code
34471

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

TITLE **C** ☐ DELETE
NAME **ROSE, KELLY L**
STREET ADDRESS **1607 E. LAKE DR.**
CITY-ST-ZIP **ELKHART IN 46514**

TITLE **D** ☒ DELETE
NAME **FULMER, L. CRAIG**
STREET ADDRESS **20 W. LEXINGTON #200**
CITY-ST-ZIP **ELKHART IN 46515**

TITLE **D** ☐ DELETE
NAME **NEUHARTH, ALLEN H**
STREET ADDRESS **300 S. ATLANTIC**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **D** ☐ DELETE
NAME **MATTESON, DAVID J**
STREET ADDRESS **RR 2, BOX 5**
CITY-ST-ZIP **WHAT CHEER IA 50268**

TITLE **P** ☒ DELETE
NAME **SCHERER, MICHAEL J**
STREET ADDRESS **58524 OXBOW DR.**
CITY-ST-ZIP **ELKHART IN 46516**

TITLE **ST** ☐ DELETE
NAME **SCHOEFFLER, MICHAEL H**
STREET ADDRESS **57073 COPPER COVE**
CITY-ST-ZIP **ELKHART IN 46516**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **STULTS, G. Raymond**
1.3 STREET ADDRESS **17460 Valentine Court**
1.4 CITY-ST-ZIP **Bristol, IN 46507**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

[Signature]

7/15/99

CR2E034 (5/99)