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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90199 049 ***158.75

FLORIDA SPECIALTY VEHICLES, INC.											
Principal Place	e of Busines	s	Mail	ing Address				T (POLICE PRES POSIO BILLIE III	V II		
7190 S FEDERA	AL HWY	•	ΡO	BOX 1689							
STE #2 STE 2A									TE 11.1 TI 11.0	00.00	
STUART FL 34997 HOBE SOUND FL 33475								DO NOT WRITE IN THIS SPACE			
us us								3. Date Incorporated or Qualifed	•]
<u> </u>				18 18 - Add				10/28/1982 4. FEI Number		- 1 A-	
2. Principal Place of Business			1	2a. Mailing Address			A		 	plied For	
21	4 -4-		26	Suite, Apt. #, etc.				59-2243836		\$8.75	t Applicable
Suite, Apt. #, etc.			⊢ —	27			5. Certifcate of Status Desired	X	Fee Re		
City & Stat				City & State				6. Election Campaign Financing		\$5.00	
23		•	28	ony a ciala				Trust Fund Contribution		Added t	
Zip		Country		Zip	Cou	intry		8. This corporation owes the curr	ent vear Inta		
24		25	29	•	30	•		Personal Property Tax.		Yes	□No
	9. Name	and Address of Curre		ered Agent	11	<u> </u>	, 	10. Name and Address of New F	Registered A	Agent	
						81	Name				
1	inewlin, e					82	Street Addr	ess (P.O. Box Number is Not Accepta	able)	.,	
11185 S FEDERAL HWY							Sliedt Auui	ess (F.O. DOX Hulliber is NOT Accept	10.0)		j
HOBE SOUND FL 33455						83		· · · · · · · · · · · · · · · · · · ·			
						1	0::			85 Zip (Codo
		•					City		FL		
11, Pursuant	to the provis	sions of Sections 607.05	502 and 607	7.1508, Florida Statu	ites, the a	bove-	named corp	oration submits this statement for the on's board of directors. I hereby acce	purpose of	changing its	registered
office or r	egistered ag m familiar w	jent, or both, in the Stat ith, and accept the oblig	te of Florida pations of, S	i. Such change was Section 607,0505, Fl	authorized orida Stati	ı by tr utes.	ne corporatio	on's board of directors, I hereby acce	pt the appoir	itment as re	gistered
_		,		,							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register						Agent a	signature require	d when reinstating)	DATE		
12		OFFICERS A	AND DIREC		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PST						Į.				- A
NAME		d to 4		☐ DELETE	1.1 TI					Change	Addition
STREET ADDRESS		/LIN, ERWIN		T DELETE	1.2 N	WE				Change	☐ Addition
		E FEDERAL HWY #2	2A	LI DELETE	1.2 N/ 1.3 S1	NME TREET A	ADDRESS			Change	Addition
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		E FEDERAL HWY #2	ZA		1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/	TREET A TY-ST- TLE AME	ZIP	· .			
TITLE		E FEDERAL HWY #2	2A		1.2 N/ 1.3 ST 1.4 CI 2.1 Π 2.2 N/ 2.3 ST	TREET ATTY-ST-, TLE AME	ZIP ADDRESS	·			
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR