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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90015 034 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G68228

. Corporation Name

STREET ADDRESS

SIGNATURE

MARION ELECTRIC MOTORS, INC.

Principal Place	e of Business	Mailing Address							
1001 NORTH MAGNOLIA AVE		1001 NORTH MAGNOLIA AVE							
OCALA FL 34475 US		OCALA FL 34475 US				DO NOT WRITE IN THIS SPACE			
US		55				3. Date Incorporated or Qualifed 11/01/1983			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2339300			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22	*	27				5. Octavolo of childs beside			Required
City & Stat	e	City & State				6. Election Campaign Financing			May Be
23		28	0			Trust Fund Contribution			to Fees
Zip	Country	Zip	$\overline{}$	intry		8. This corporation owes the curre Personal Property Tax.		ingible □Yes	⊠No
24	25	29 Segistered Agent	30			10. Name and Address of New R			
	9. Name and Address of Current I	registered Agent		81	Name	10. Hame and reading of them is			
NEE	DHAM. WILLIAM PAT								
1001 NORTH MAGNOLIA AVE.				82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
	LA FL 34475			83		(FIRST 18 18 18 18 18 18 18 18 18 18 18 18 18	11 51 114 7	11 212 315	
	•						the work of		1 8141 1121 1231
	•			1 1	City		FL		Code
4.0		ana:007.1300, 110na 3iaw	163, 416 6		Harrica corpe	orditori oddinica trila atatomani iai ana	t the appoin	tment as	registered
11. Pursuant Office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Flo	orida Stat	utes.			DATE		
ා agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Flooring title if applicable. (NOTE	orida Stat	utes.		d when reinstating)	DATE	1.751	
೨% agent.Ia	m familiar with, and accept the obligation	ons of, Section 607.0505, Flooring title if applicable. (NOTE	orida Stat	utes.		d when reinstating) : 15 (45) ADDITIONS/CHANGES TO OFF	DATE	1.751	ORS IN 12
33 agent. I a SIGNATURE 12.	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	ons of, Section 607.0505, Flound title if applicable. (NOTE DIRECTORS	E: Registered	Agent s		d when reinstating) : 기타고리아	DATE	D DIRECT	ORS IN 12
33 agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second of familiar with, and accept the obligation of familiar with a second of familiar with a	ons of, Section 607.0505, Flound title if applicable. (NOTE DIRECTORS	E: Registered 13. 1.1 TI 1.2 N	Agents TLE		d when reinstating) : 15 (45) ADDITIONS/CHANGES TO OFF	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	m familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM	ons of, Section 607.0505, Flound title if applicable. (NOTE DIRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S	Agents TLE	signature required	d when reinstating) : 15 (45) ADDITIONS/CHANGES TO OFF	DATE	D DIRECI ☐ Change	FORS IN 12
33 agent. I a SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of the community of the communi	ons of, Section 607.0505, Flound title if applicable. (NOTE DIRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S	TLE AME TREET AI	signature required	d when reinstating) : 15 (45) ADDITIONS/CHANGES TO OFF	DATE	D DIRECT	ORS IN 12
33 agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second of familiar of familiar with a second of familiar with, and accept the obligation of familiar with a second	INS OF, Section 607.0505, Floring title if applicable. (NOTE DIRECTORS	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C	TLE AME TREET AI TTLE TREET AI TTLE TTLE	signature required	d when reinstating) : 15 (45) ADDITIONS/CHANGES TO OFF	DATE	D DIRECI ☐ Change	FORS IN 12
33 agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE	INS OF, Section 607.0505, Floring title if applicable. (NOTE DIRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	TLE AME TREET AI TTY-ST-2 TLE AME	signature required	d when reinstating) : 15 (45) ADDITIONS/CHANGES TO OFF	DATE	D DIRECI ☐ Change	FORS IN 12
33 agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second of familiar of familiar with a second of familiar with, and accept the obligation of familiar with a second	INS OF, Section 607.0505, Floring Utle if applicable. (NOTE DIRECTORS DELETE	E: Registerec 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	TLE AME TTLE TTLE AME TTLE AME TTLE AME TTLE TTLE TTLE TTLE TTLE TTLE TTLE TT	DDRESS DDRESS	d when reinstating) : 15 (45) ADDITIONS/CHANGES TO OFF	DATE	D DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL OCALA FL OCALA FL	INS OF, Section 607.0505, Floring title if applicable. (NOTE DIRECTORS	### 13. ### 13	Agent s TLE AME TREET AI TTY-ST-Z TLE AME TREET AI TTY-ST-Z TLE TREET AI	DDRESS DDRESS	d when reinstating) : 15 (45) ADDITIONS/CHANGES TO OFF	DATE	D DIRECI ☐ Change	ORS IN 12 Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE	INS OF, Section 607.0505, Floring Utle if applicable. (NOTE DIRECTORS DELETE	E: Registerece 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N	TLE AME TTLE TTLE AME AME AME AME AME	Signature required UDDRESS ZIP UDDRESS	d when reinstating) : 15 (45) ADDITIONS/CHANGES TO OFF	DATE	D DIRECT Change	ORS IN 12 Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	M familiar with, and accept the obligation of familiar with a constant of familiar with a cons	INS OF, Section 607.0505, Floring Utle if applicable. (NOTE DIRECTORS DELETE	E: Registerece 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	TLE AME TREET AI TTLE AME TTLE AME TREET AI TTLE AME TREET AI TTLE AME TREET AI	ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	M familiar with, and accept the obligation of familiar with, and accept the obligation of Ficers and Officers and PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL	INS OF, Section 607.0505, Florend title if applicable. (NOTE DIRECTORS DELETE DELETE	E: Registerece 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C	TLE AME TREET AI TILE	ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	M familiar with, and accept the obligation of familiar with, and accept the obligation of Ficers and Officers and PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL	INS OF, Section 607.0505, Floring Utle if applicable. (NOTE DIRECTORS DELETE	E: Registerece 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.1 Ti 4.1 Ti 5.1 Ti 5.	TLE AME TREET AI TILE AME TREET AI TILE AME TREET AI TILE TREET AI	ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition
AME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL	INS OF, Section 607.0505, Florend title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE	E: Registerece 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N	A Agont & Agon	ADDRESS ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition Addition
AME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL	INS OF, Section 607.0505, Florend title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE DELETE	E: Registerece 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S	AGONT S. AGONT S. AME TREET AI TITY-ST-Z TITLE AME TREET AI TREET AI	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition Addition
AME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL	INS OF, Section 607.0505, Floring title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E: Registerece 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C	A Agont & Agont & TILE TILE AAME TREET AI TITY-ST-Z TILE AAME TREET AI TITY-ST- TILE AAME TREET AI TITY-ST- TITLE TREET AI TITY-ST- TITLE TREET AI TITY-ST- TITLE TREET AI TITY-ST- TREET AI TITY-ST- TREET AI TITY-ST- TITY	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL	INS OF, Section 607.0505, Florend title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE DELETE	E: Registerece 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 4.2 N 5.1 TI 4.2 N 5.1 TI 4.2 N 5.1 TI 4.2 N 5.1 TI 5.	A Agont & Agont & TILE TILE AAME TREET AI TILY-ST-Z TILE AAME TREET AI TILY-ST-TILE AAME TREET AI TILY-ST-TILE TREET AI TILY-ST-TILE TREET AI TILY-ST-TILE TREET AI TILY-ST-TILE TREET AI	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition Addition
AME STREET ADDRESS CITY-ST-ZIP TITLE NAME MORNING STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL	INS OF, Section 607.0505, Floring title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E: Registerece 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N	AGONT S. AGONT S. AME TREET AI TITY-ST-Z TILE AME TREET AI TREET	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL	INS OF, Section 607.0505, Floring title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E: Registerece 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S	AGONT S. AGONT S. AME TREET AI TITY-ST-Z TITLE AME TREET AI TREET AI	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition Addition
AME STREET ADDRESS CITY-ST-ZIP TITLE NAME MORNING STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND PD NEEDHAM, WILLIAM 1001 N MAGNOLIA AVE OCALA FL ST NEEDHAM, MIRIAM W. 1001 N MAGNOLIA AVE OCALA FL	INS OF, Section 607.0505, Floring title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E: Registerece 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S	AME TREET AI TITLE TREET AI T	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIRECT Change	ORS IN 12 Addition Addition Addition

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