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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H09461

(5)

POWER-TRAC, INC.

Principal Place of Business Mailing Address 7107 STAFFORD ROAD P.O. BOX 2100 DOVER FL 33527 DOVER FL 33527-2100 3. Date Incorporated or Qualified 3a. Date of Last Report 06/26/1984 02/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2426749 21 Not Applicable Suite, Ant. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes 🔲 No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEYCK, JOSEPH G., JR. **BARNETT PLAZA STE 1240** Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD. 83 **TAMPA FL 33602** 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 Styrotize typed or protect area of night-red agent and the Capproabio (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)DELETE 1910 F PD __ Change Addition 11 TITLE HICKS, GERALD W. NAM 12 NAME 7107 STAFFORD ROAD STREET ADDRESS 1.3 STREET ADDRESS DOVER FL CITY-ST-Zif 1.4 CITY - ST - ZIP **X** DELETE THEE 2.1 TITLE Change Addition BOYNTON, JACK E. NAME 2.2 NAME HICKS. MICHAEL A. 4407 W. JEAN ST. STREET ADORESS 2.3 STREET ADDRESS 2413 OAKDALE ST. TAMPA FL OffY \$1-20 2 4 CITY - ST - ZIP SEFFNER, FL. DELETE TITLE 3.1 TITLE Change ___ Add tion TSD HICKS, CHARLOTTE J. NAME 3.2 NAME 7107 STAFFORD ROAD STREET ASSURESS 3.3 STREET ADDRESS DOVER FL CHY-ST ZIP 3.4. CITY - \$T-ZIP DELETE TITLE 4.1 TIBLE ___ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY - ST - ZiP OHY-ST ZIP DELETE Change Addition TITLE 5.1 TITLE MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City - St - Ziff 5.4 CITY - ST - ZIP THE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

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. Ffurther 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 eath; that I am an office 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 Lam an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or op an altachment with an address.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

City - St - Zif

3-21-97

813-986-4081

FILED

Mar 25 1997 8:00am

Secretary of State