

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H79591** (4)
1. Corporation Name
DRIVESHAFT SPECIALISTS OF JACKSONVILLE, INC.

Principal Place of Business

**2989 PHILLIPS HWY
JACKSONVILLE FL 32207
US**

Mailing Address

**2033 MAIN STREET, #400
SARASOTA FL 34237-6049**

3. Date Incorporated or Qualified **10/07/1985** 3a. Date of Last Report **02/27/1996**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. # etc.	26 2989 Phillips Hwy
22 City & State	27 Suite, Apt. #, etc.
23 Zip Country	28 Jacksonville, FL
24 Zip Country	29 32207
25	30

4. FEI Number **59-2591329** 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

9. Name and Address of Current Registered Agent

**HANKIN, LAWRENCE M.
2033 MAIN ST.
STE 400
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name	John F. Sharkey, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	3321 Charles Macdonald Drive
83 City	Laurel Oaks
84 City	Sarasota
85 Zip Code	FL 34240

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

John F. Sharkey Jr.

3/12/97

Signature of officer or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> DELETE
NAME	SHARKEY, JOHN III	
STREET ADDRESS	117 WOODED HTS.	
CITY - ST - ZIP	CAMILLAS NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SHARKEY JR, JOHN F	
STREET ADDRESS	17325 GREEN WILLOW DR	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	1005 Grassy Hill Lane
1.4 CITY - ST - ZIP	Camillus, NY 13031
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3321 Charles MacDonald Drive
2.4 CITY - ST - ZIP	Sarasota, FL 34240
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)