FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 5:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **H89383** **(4)**

1. Corporation Name

ACME CLUTCH & SERVICE COMPANY, INC.

Principal Place of Business	Mailing Address
908 W CENTRAL BLVD ORLANDO FL 32805	908 W CENTRAL BLVD ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1985	3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2635963	☐ 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

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

9. Name and Address of Current Registered Agent

SIMMONS, CLAYTON D.
200 WEST FIRST STREET , STE 22
PO BOX 1330
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ____________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P & T (☒ Change ☐ Addition)
NAME	WEEKLEY, JAMES A	12 NAME	WEEKLEY, JAMES A.
STREET ADDRESS	319 SOUTH ELLIOTT AVENUE	13 STREET ADDRESS	319 South Elliott Avenue
CITY, ST, ZIP	SANFORD FL	14 CITY, ST, ZIP	Sanford, Florida 32771
TITLE	VPDS	21 TITLE	VP & S (XX Change ☐ Addition)
NAME	MCKELVEY-KING, LOREA S.	22 NAME	ELIZABETH R. WEEKLEY
STREET ADDRESS	7425 CLARCONA OCOEE RD	23 STREET ADDRESS	319 South Elliott Avenue
CITY, ST, ZIP	ORLANDO FL	24 CITY, ST, ZIP	Sanford, Florida 32771
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James A. Weekley 4/26/95 (407)841-2080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — JAMES A. WEEKLEY, PRESIDENT

Daytime Phone #

0066838 CP