

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

|                                               |                                                                                                                                                                                               |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Morton<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 9:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # J23010 (8)**  
1. Corporation Name  
**TIDEWATER TRANSMISSION PARTS, INCORPORATED**

|                                                                     |                                                                     |
|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business                                         | Mailing Address                                                     |
| <b>3825 INVESTMENT LANE<br/>SUITE 10<br/>RIVIERA BEACH FL 33404</b> | <b>3825 INVESTMENT LANE<br/>SUITE 10<br/>RIVIERA BEACH FL 33404</b> |

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                               |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>07/07/1986</b>                                                                                                        | 3a. Date of Last Report<br><b>04/19/1994</b> |
| 4. FEI Number<br><b>59-2623063</b>                                                                                                                            | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                     | <b>\$8.75 Additional<br/>Fee Required</b>    |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                            | <b>\$5.00 May Be<br/>Added to Fees</b>       |
| 8. This corporation has liability for franchise tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                                             |                                                             |
|-------------------------------------------------------------|-------------------------------------------------------------|
| 2. Principal Place of Business                              | 2a. Mailing Address                                         |
| 21 State, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |

9. Name and Address of Current Registered Agent  
**VENETTA-GABLER, MARGARET R.  
3825 INVESTMENT LANE  
SUITE 10  
RIVIERA BEACH FL 33404**

|                                                       |             |
|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | VD                     | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GABLER, MAGGIE-VENETTA | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3825 INVESTMENT LANE   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | RIVIERA BCH FL         | 1.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | PD                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GABLER, RONALD         | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3825 INVESTMENT LANE   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | RIVIERA BCH FL         | 2.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                        | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                        | 3.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                        | 4.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                        | 5.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                        | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                        | 6.4 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)(b), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, if on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald Gabler Pres*

4/27/95

407-844-0434