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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J45811

(3)

**FILED** Jan 29 1998 8:00am Secretary of State

| PRO-POWER EQUIPMENT, INC.                     |  |  |                                 |                            |  |                             |   |                 |                 |               |
|---|--|--|---------------------------------|----------------------------|--|-----------------------------|---|-----------------|-----------------|---------------|
|   |  |  |                                 |                            |  |                             |   |                 |                 |               |
| Principal Place of Business Mailing Address   |  |  |                                 |                            |  |                             | -   | ERE BIBLI BEBIE | ELEKT BIBLI BAR |               |
| 23440 JANICE AVE 23440 JANICE AVE             |  |  |                                 |                            |  |                             |   |                 |                 |               |
| CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL |  |  |                                 |                            |  |                             | 50.007.000  |                 |                 |               |
| US US   |  |  |                                 |                            |  |                             | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified                   |                 |                 |               |
|   |  |  |                                 |                            |  |                             | 12/08/1986  |                 |                 |               |
| 2. Principal P                                | Place of Business  | 2a. Mailing                                | Mailing Address                 |                            |  | 12/00/1900<br>4. FEI Number |   | Δ,              | oplied For      |               |
| 21  |  |  | 26                              |                            |  |                             | 59-2759710  |                 |                 | ot Applicable |
| Suite, Apt.                                   | #, etc.  | <del></del>                                | Suite, Apt. #, etc.             |                            |  |                             |   |                 |                 | Additional    |
| 22  |  | 27   |                                 |                            |  |                             | 5. Certificate of Status Desired  |                 |                 | equired       |
| City & Stat                                   | е  | City & S                                   | City & State                    |                            |  |                             | 6. Election Campaign Financing  |                 | \$5.00          | May Be        |
| 23  | Country  | 28   |                                 |                            |  | Trust Fund Contribution     |   | Added           | to Fees         |               |
| Zip   | ——————————————————————————————————————   |  |                                 | Countr                     | of this solptication of the para the control |                             |   |                 | _ ~             |               |
| 24  | 9. Name and Address of Curr  | 29<br>ent Registered Ag                    |                                 | 30                         |  |                             | Personal Property Tax due Jun  10. Name and Address of New R                    |                 |                 | _l No         |
| ED  |  | ant registered Ag                          | ,cir                            | 81                         | Na   | me                          | to, Name and Address of New A   | egistereu ,     | - gent          |               |
| FRED MCGREADY<br>23440 JANICE AVE.            |  |  |                                 | 82                         |  |                             | ss (P.O. Box Number is Not Accepta  | hlo)            |                 |               |
|   | ARLOTTE HARBOR FL 33980  |  |                                 |                            |  | eet Addre                   | ss (F.O. Box Halliber is Not Accepta  | uie)            |                 |               |
|   |  |  |                                 |                            |  |                             |   |                 |                 |               |
|   |  |  |                                 | 84                         | Cit  | у                           |   | FL              | 85 Zip (        | Code          |
| 11. Pursuant                                  | to the provisions of Sections 607.05   | 02 and 607.1508,                           | Florida Statutes                | the abov                   | /e-nan                                       | ned corpo                   | ration submits this statement for the   |                 | changing it     | s registered  |
| agent. I a                                    | registered agent, or both, in the Sta<br>im familiar with, and accept the obli | le of Florida, Such<br>gations of, Section | cnange was au<br>607.0505, Flor | itnorizea b<br>ida Statute | ıy tne :<br>Is.                              | corporatio                  | ration submits this statement for the<br>in's board of directors. I hereby acce | pt the appo     | ointment as     | registered    |
| SIGNATURE                                     |  |  |                                 |                            |  |                             |   |                 |                 |               |
|   | Signature, typed or printed name of registered a                               |  | , (NOTE:                        |                            | ent sign                                     | ature required              | I when reinstating)   | DATE            |                 |               |
| 12.   |  | ND DIRECTORS                               | DELETE                          | 13.                        |  |                             | ADDITIONS/CHANGES TO OFFI   | CERS AND        |                 |               |
| TITLE   | PS MCCDEADY WILEDED  | Т  | ☐ DETE16                        | 1.1 TITLE                  |  |                             |   |                 | Change          | Addition      |
| NAME  | MCGREADY, WILFRED<br>23440 JANICE AVE  |  |                                 | 1.2 NAME                   |  |                             |   |                 |                 |               |
| STREET ADDRESS                                | CHARLOTTE HARBOR FL  |  |                                 | 1.3 STREE                  |  | :55                         |   |                 |                 |               |
| CITY-ST-ZIP<br>TITLE                          | VPT  | т  | DELETE                          | 1.4 CITY-1                 | 51-ZIP                                       | -                           |   |                 | Change          | Addition      |
| NAME  | ULBRICHT, PETER  | _  |                                 | 2.2 NAME                   |  | 1                           |   |                 | Onlange         |               |
| STREET ADDRESS                                | 23440 JANICE AVE   |  | 2.3 STREET ADDRESS              |                            | 222  |                             |   |                 |                 |               |
| CITY-ST-ZIP                                   | CHARLOTTE HARBOR FL  |  |                                 | 2. 4 CITY-                 |  |                             |   |                 |                 |               |
| TITLE   |  |  | DELETE                          | 3.1 TITLE                  | <u> </u>                                     |                             |   |                 | Change          | Addition      |
| NAME  |  |  |                                 | 3.2 NAME                   |  |                             |   |                 | _               | 1             |
| STREET ADDRESS                                |  |  |                                 | 3.3 STREET                 | T ADDRE                                      | SS                          |   |                 |                 | !             |
| CITY-ST-ZIP                                   |  |  |                                 | 3.4. CITY-                 | ST- ZIP                                      |                             |   |                 |                 | ŀ             |
| TITLE   |  |  | DELETE                          | 4.1 TITLE                  |  |                             |   |                 | ☐ Change        | Addition      |
| NAME  |  |  |                                 | 4. 2 NAME                  |  |                             |   |                 |                 |               |
| STREET ADDRESS                                |  |  |                                 | 4.3 STREET                 | ADDRE  | ss                          |   |                 |                 |               |
| CITY-ST-ZIP                                   |  |  |                                 | 4.4 CITY-8                 | ST-ZIP                                       |                             |   |                 |                 |               |
| TITLE   |  |  | DELETE                          | 5.1 TITLE                  |  |                             |   |                 | Change          | Addition      |
| NAME  |  |  |                                 | 5.2 NAME                   |  |                             |   |                 |                 | }             |
| STREET ADDRESS                                |  |  |                                 | 5.3 STREET                 | T ADDRE                                      | SS                          |   |                 |                 | Ì             |
| CITY-ST-ZIP                                   |  |  | 7.051.55                        | 5.4 CITY - S               | ST-ZIP                                       |                             |   |                 |                 |               |
| TITLE   |  | L  | DELETE                          | 6.1 TITLE                  |  |                             |   | ı               | L Change        | ☐ Addition    |
| NAME  |  |  |                                 | 6.2 NAME                   |  |                             |   |                 | •               |               |
| STREET ADDRESS                                |  |  |                                 | 6.3 STREET                 |  | SS                          | ·   |                 |                 |               |
| CITY-ST-ZIP                                   | artify that the information assumbled  | with this filing door                      | not avalled for                 | 6.4 CITY - S               | T-ZIP  | tated in C                  | notion 110 07/2Vi) Florida Clabita  | fundbar         | 4:6 . sh at     | informetica   |
| indicated                                     | on this annual report or supplied t  | mur aus ming does                          | true and accur                  | use exemp                  | AIOH S                                       | eicnaturo                   | ection 119.07(3)(i), Florida Statutes. I  | turtner cer     | ury inat ine    | iniormation   |

at my signature shall have the same legal effect as if made under oath; that I am ar report as required by Chapter 607, Florida Statutes; and that my name appears in FRED in CFREADF

SIGNATURE: