Applied For

□No

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J59196**

1. Corporation Name

City & State

23

24

Zip

AC-DC FLECTRIC MOTOR, INC.

No bo Eccottio Motoria					
\$					
Principal Place of Business	Mailing Address				
9501 OVERSEAS HWY MARATHON FL 33050 US	9501 OVERSEAS HWY MARATHON FL 33050 US				
Principal Place of Business Total	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

27

28

29

City & State

9. Name and Address of Current Registered Agent

Country

25

DOSS, JERRY
9501 OVERSEAS HWY
MARATHON FL 33050

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90043 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution -

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

02/24/1987 4. FEI Number

59-2766663

			84	City		FL	85 Z	ip 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE											
12.	OFFICERS AND DIREC		13.	- Orginala Dirac	ADDITIONS/CHANGES TO	OFFICERS AND	DIREC	TORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE				Chang	ge 🔲 Addition			
NAME	DOSS, JERRY		1.2 NAME								
STREET ADDRESS	9501 OVERSEAS HWY.		1.3 STREET	ADDRESS							
CITY-ST-ZIP	MARATHON FL		1,4 CITY-S								
TITLE		☐ DELETE	2.1 TITLE			_	Chang	ge 🔲 Addition			
NAME			2.2 NAME								
STREET ADDRESS			23 STREET	ADDRESS							
CITY-ST-ZIP			2. 4 CITY-S	· · · · · · · · · · · · · · · · · · ·				j			
TITLE		☐ DELETE	3.1 TITLE				Chang	ge Addition			
NAME			3.2 NAME	1							
STREET ADDRESS			33 STREET	ADDRESS							
CITY-ST-ZIP			3.4. CITY - S								
TITLE		☐ DELETE	4.1 TITLE				Chan	ge 🔲 Addition			
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET	ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST	-ZIP							
TITLE		☐ DELETE	5.1 TITLE			_	Chang	ge 🗌 Addition			
NAME			5.2 NAME		·						
STREET ADDRESS			5.3 STREET	ADDRESS				{			
CITY-ST-ZIP			5.4 CITY-ST	f-ZIP							
TITLE		☐ DELETE	6.1 TITLE				Chang	ge 🗌 Addition			
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET	ADDRESS							
CITY-ST-ZIP			6.4 CITY-S1	1- ZI P			·				

Country

81 Name

82 83

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14. I 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 attackness with an eddicess, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR