

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90246 035 ***150.00

DOCUMENT # J66195

1. Corporation Name

WEST COAST TORQUE CONVERTERS, INC.

Principal Place of Business

2161 ANDREA LANE UNIT A6
FT MYERS FL 33912

Mailing Address

2161 ANDREA LANE UNIT A6
FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1987

4. FEI Number

59-2798757

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 603 N.W. 20th TERR

Suite, Apt. #, etc.

22 City & State

23 CAPE CORAL FL

Zip Country

24 33993 25 Lee

2a. Mailing Address

26 603 N.W. 20th TERR

Suite, Apt. #, etc.

27 City & State

28 CAPE CORAL FL

Zip Country

29 33993 30 LEE

9. Name and Address of Current Registered Agent

KOHLER, JOHN R.
603 NW 20TH TERR
CAPE CORAL FL 33909

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KOHLER, JOHN R.
STREET ADDRESS 603 NW 20TH TERR
CITY-ST-ZIP CAPE CORAL FL ☐ DELETE

TITLE DST
NAME KOHLER, GRACE M.
STREET ADDRESS 603 NW 20TH TERR
CITY-ST-ZIP CAPE CORAL FL ☐ DELETE

TITLE VP
NAME SHAFER II, ERNEST J.
STREET ADDRESS 1112 SE 13TH PL
CITY-ST-ZIP CAPE CORAL FL 33990 ☒ DELETE

TITLE VP
NAME SHAFER, KATHRYN R.
STREET ADDRESS 1112 SE 13TH PL
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D KOHLER, JOHN R.
603 N.W. 20th TERR.
CAPE CORAL, FL. ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DPST
Kohler, GRACE M.
603 N.W. 20th TERR
CAPE CORAL, FL. ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)