165.00

FILE NOW: FILING FEE AFTER MAY 1 IS ~~$550.00~~

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Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # J77950

1. Corporation Name
ALL STAR STARTER + ELECTRIC INC

Principal Place of Business / Mailing Address
7140 N. MAIN ST.
JACKSONVILLE, FL. 32208

3. Date Incorporated or Qualified: 06-12-87
3a. Date of Last Report:

2. Principal Place of Business
21 SAME
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25 DUVAL

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30 DUVAL

4. FEI Number: 59-2806157
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

$5.00 Annual Report Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FRED S HART JR.
3733 UNIV. BLVD. W #206
JACKSONVILLE, FL 32217

10. Name and Address of New Registered Agent
81 Name: HARROLD Cubbedge
82 Street Address (P.O. Box Number is Not Acceptable): 7140 N. MAIN ST.
83
84 City: JACKSONVILLE 85 FL 86 Zip Code: 32208

11. Pursuant to the provisions of Sections 607.0302 and 607.0508, 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.

SIGNATURE: X [signature] X [signature] X 6/12/97
Signature, name of printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required when making change — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	Harrold Cubbedge	1.2 NAME
STREET ADDRESS	3156 HIGHWAY AVE.	1.3 STREET ADDRESS
CITY-ST-ZIP	MIDDLEBURG, FL 32068	1.4 CITY-ST-ZIP
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	DeLINDA WATKINS	2.2 NAME
STREET ADDRESS	4020 SPRINGROVE AVE.	2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE, FL 32209	2.4 CITY-ST-ZIP
TITLE	SECRETARY ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	STEVEN Cubbedge	3.2 NAME
STREET ADDRESS	1739 Debbie LANE	3.3 STREET ADDRESS
CITY-ST-ZIP	ORANGE PARK, FL. 32073	3.4 CITY-ST-ZIP
TITLE	TREASURER ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	Ronald SCHUBERT	4.2 NAME
STREET ADDRESS	1623 McCONNIE ST.	4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE, FL 32209	4.4 CITY-ST-ZIP
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

6/17/97

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14. I do 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.

SIGNATURE: X [signature] X 6/12/97 X 904-282-9759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(96/03) (6/96)