FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # **L42370** **(1)**

1. Corporation Name
ARMSTRONG ELECTRIC MOTOR SERVICE, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL ARMSTRONG 1609 W CANAL ST POB 774 NEW SMYRNA BEACH FL 32170	C/O MICHAEL ARMSTRONG 1609 W CANAL ST POB 774 NEW SMYRNA BEACH FL 32170-0774

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

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

3. Date Incorporated or Qualified: **01/10/1990**
3a. Date of Last Report: **01/26/1996**
4. FEI Number: **59-2988602** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

ARMSTRONG, MICHAEL
2132 BURMA RD
NEW SMYRNA BEACH FL 32168

10. **Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable): 802 Fairway Dr
33
34 City: New Smyrna Bch — FL — 35 Zip Code: 32168

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	ARMSTRONG, THERESA		1.2 NAME	
STREET ADDRESS	2132 BURMA RD		1.3 STREET ADDRESS	802 Fairway Dr P.O. Box 411
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP	New Smyrna Bch FL 32170
TITLE	PTD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	ARMSTRONG, MICHAEL		2.2 NAME	
STREET ADDRESS	2132 BURMA RD		2.3 STREET ADDRESS	802 Fairway Dr P.O. Box 411
CITY-ST-ZIP	NEW SMYRNA BCH FL		2.4 CITY-ST-ZIP	New Smyrna Bch FL 32170
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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	

CR2E034 (9/96)

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: Michael F. Armstrong (signature) — Michael F. Armstrong — 3-17-97 — 904 428 8261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #