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PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP

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FLORIDA DEPARIMENT OF STATE

FILED

Feb 17 1998 8:00am

Secretary of State

1-22-98

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15650

(5)

JASPER ENGINE & TRANSMISSION EXCHANGE, INC.

Principal Place of Business Mailing Address 1854 MT. ZION ROAD 1854 MT. ZION ROAD MORROW GA 30260 MORROW GA 30280 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 58-0967059 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Z_{1D} Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE Change 1.1 TITLE WALLACE, MARK NAME 1.2 NAME CR2E034 1854 MT. ZION RD. STREET ADDRESS 1.3 STREET ADDRESS MORROW GA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE WALLACE, RUTH B. NAME 2.2 NAME 1854 MT. ZION RD. STREET ADDRESS 2.3 STREET ADDRESS MORROW GA CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TILLE SHEPHERD, KEITH NAME 3.2 NAME 553 COUNTRY LAKE DR. STREET ADDRESS 3.3 STREET ADDRESS HAMPTON GA CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITUE 5.1 TITLE Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP OFLETE TITLE 6.1 TITLE 200002434552 NAME 6.2 NAME -02/19/98---01002--001 STREET ADDRESS 6.3 STREET ADDRESS ***300.00

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14. Thereby 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 chapter or an attachment with an afficience.