

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90107 044 ***158.75

DOCUMENT # **P92000003266**

1. Corporation Name

EFFICIENT MOTOR SERVICES, INC.



Principal Place of Business

Mailing Address

2129 7TH AVE NORTH
LAKE WORTH FL 33461
US

2129 7TH AVE NORTH
LAKE WORTH FL 33461
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1992

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0377434

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, GARY T
2129 7TH AVENUE NORTH, #
LAKE WORTH FL 33461

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, GARY T	1.2 NAME	
STREET ADDRESS	3019 NAUTICAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	33462
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN JR, MATTHEW R	2.2 NAME	
STREET ADDRESS	1119 SEA PINES WAY	2.3 STREET ADDRESS	8144-C Bridgewater Court
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	Lake Clarke Shores, FL 33406
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTENDER, THOMAS B	3.2 NAME	
STREET ADDRESS	1348 PINETTA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SULLIVAN, GARY T **1/11/99** **561-588-5886**

Date

Daytime Phone #

CR2E034 (11/98)