FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P9300 HERN AUTOMOTIVE MACH	10019637 INE, INC.	(6)					
Principal Plac	e of Business	Mailing Address					.100 TANG BANGE	
1910 CALUMET ST CLEARWATER FL 34825		1910 CALUMET ST CLEARWATER FL 34625						
US		US	2 4 10.25			DO NOT WRITE IN THIS	SPACE	
ļ						3. Date Incorporated or Qualified		
A Delaginal C	Mana of Dunings	A Mallion Add				03/09/1993		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	⊢ →~	Applied For
Suite, Apl. #, etc.		Suite, Apt. #, etc.				59-3168607		Not Applicable Additional
22	<i></i> , 	27	. 5.0.			5. Certificate of Status Desired		Required
City & Stat	le	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	F	ountry		8. This corporation owes or has paid the co	urrent year Ir	ntangible
24	25	29	30		····	Personal Property Tax due June 30.		No
	g. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered	J Agent	-
	NCEY, CLARENCE R			(8)	name			
	10 CALUMET ST				Street Ad	Idress (P.O. Box Number is Not Acceptable)		
l Cr	EARWATER FL 34625			83				
]								
				84	City	FI	85 Zip	Code
11. Pursuant office or s agent. I s SIGNATURE	registered agent, or both, in the Stat im familiar with, and accept the obli	e of Florida, Such char gations of, Section 607	nge was authoriz .0505, Florida St	red by atutes	the corpor	orporation submits this statement for the purpose retion's board of directors. I hereby accept the ap	of changing pointment as	its registered s registered
	Signature Typed or printee name of registered a				ot signature red	quired whon reinstating) DATE		
12.	OFFICERS AF	ND DIRECTORS	I 13	THILE		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO:	RS IN 12 Addition
NAME	YANCEY, CLARENCE R			NAME	}		Ell orango	
STREET ADDRESS	1910 CALUMET ST				ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			CITY-S				
TITLE		D		TITLE	·		Change	☐ Addition
NAME			2.2	NAME	ŀ			
STREET ADDRESS			2.3	STREET	ADDRESS			
CITY-ST-ZIP				C(1Y-5	1 - ZIP			
TITLE	- -	□ 0	ELETE 3.1	TITLE			☐ Change	Addition
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-2(P			1 4 4 00
TITLE		[DI		TITLE			Change	☐ Addition
NAME				NAME				•
STREET ADDRESS			i i		ADDRESS			
CITY-ST-ZIP TITLE	<u></u>	D		CITY-S' TITLE	1 · ZIP		☐ Change	Addition
NAME		ال ب		NAME			المان الم	
STREET ADORESS					ADDRESS			
CITY-ST-ZIP				CITY-S'				
TITLE		D		TITLE	. <u>6.11</u>		☐ Change	☐ Addition
NAME			1	NAME	1			
CADECT AUUDECC					ADDRESS			

CITY - ST - ZIP 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 suppliemental 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 trusted 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.

4/24/98 813 446-4733

FILED

May 11 1998 8:00am

Secretary of State