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03766

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90105 039 ***150.00

DOCUMENT # P93000046852

1. Corporation Name
TIM MOYE TRANSMISSIONS, INC.

Principal Place of Business	Mailing Address
1317 EDGEWATER CT. LUTZ FL 33549	1317 EDGEWATER CT. LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1993

2. Principal Place of Business
21: 1635 Dale Mabry
22 Suite, Apt. #, etc.: #12
23 City & State: Lutz, FL USA
24 Zip: 33549 25 Country:

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

4. FEI Number: 59-3192632 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOYE, TIMOTHY
10105 N. FLORIDA AVENUE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: Timothy Moye
82 Street Address (P.O. Box Number is Not Acceptable): 817 Edgewater Ct.
83
84 City: Lutz, FL 85 Zip Code: 33549

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: Timothy Lee Moye — 1/07/99
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOYE, TIMOTHY		1.2 NAME		
STREET ADDRESS	1317 EDGEWATER CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOYE, CYNTHIA		2.2 NAME		
STREET ADDRESS	1317 EDGEWATER CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY-ST-ZIP		
		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
			3.2 NAME		
ADDRESS			3.3 STREET ADDRESS		
ST-ZIP			3.4 CITY-ST-ZIP		
		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
			4.2 NAME		
ADDRESS			4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		
		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME		
ADDRESS			5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME		
ADDRESS			6.3 STREET ADDRESS		
ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Timothy Lee Moye — 1/07/99 — 813-909-8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #