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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000071802 (1)

1. Corporation Name

ATLANTIC COASTAL ELEVATOR SALES & SERVICE INCORPORATED



Principal Place of Business

123 E. MASON
DAYTONA BEACH FL 32117

Mailing Address

501 S. LANVALE AVENUE
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 123 E. MASON AV

27 Suite, Apt. #, etc.

28 City & State

29 32117

30 VOLUSIA

3. Date Incorporated or Qualified

10/13/1993

4. FEI Number

59-3197142

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

NELSON, LARRY
501 S LANVALE AVE
DAYTONA BCH FL 32114

10. Name and Address of New Registered Agent

81 Name DAVID FISCH
82 Street Address (P.O. Box Number is Not Acceptable)
1489 N APPA DRIVE
83 PORT ORANGE
84 City

FL 85 Zip Code 32124

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed and printed name of agent required if applicable

DAVID FISCH V.P.

(NOTE: Registered Agent signature required when reinstating)

5-8-98

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME FISCH, DAVID
STREET ADDRESS 1489 GENERAL CUSTER AVE 1489 N APPA DR
CITY-ST-ZIP DAYTONA BCH FL PORT ORANGE

TITLE PRESIDENT
NAME LARRY NELSON
STREET ADDRESS 501 S. LANVALE AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE DAVID FISCH VP 11-22-98 904 2528483

CR2E034 (10/97)