

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P94000039184 (4)**

1. Corporation Name

MOTOR & GENERATOR INSTITUTE, INC.



Principal Place of Business 202 QUAYSIDE CIRCLE, #201 MAITLAND FL 32751	Mailing Address 202 QUAYSIDE CIRCLE, #201 MAITLAND FL 32751-5773
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1994	3a. Date of Last Report 05/24/1996
21		26		4. FEI Number 59-3248169	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24		29			

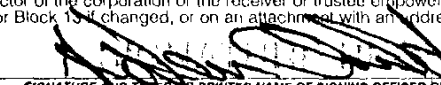
9. Name and Address of Current Registered Agent REID, JOHN J 390 N. ORANGE AVENUE SUITE 800 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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: If registered agent signature required when translating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
☐ DELETE	D CHISHOLM, ALVIS D	☐ Change ☐ Addition	
	202 QUAYSIDE CIRCLE, #201	13 STREET ADDRESS	
	MAITLAND FL 32751	14 CITY - ST - ZIP	
☐ DELETE	D CHISHOLM, PATRICIA	21 TITLE	☐ Change ☐ Addition
	202 QUAYSIDE CIR #201	22 NAME	
	MAITLAND FL	23 STREET ADDRESS	
		24 CITY - ST - ZIP	
☐ DELETE		31 TITLE	☐ Change ☐ Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
☐ DELETE		41 TITLE	☐ Change ☐ Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
☐ DELETE		51 TITLE	☐ Change ☐ Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
☐ DELETE		61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do 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:  **Alvis D. Chisholm** 4/28/97 407-557-0051

CR2E034 (9/96)