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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000072480 (4)**

1. Corporation Name

ZOOK HEAVY EQUIPMENT REPAIR, INC.



Principal Place of Business

Mailing Address

~~257 DE LEON ROAD~~
~~DEBARY FL 32713~~

~~257 DE LEON ROAD~~
~~DEBARY FL 32713~~

P.O.

2. Principal Place of Business

2a. Mailing Address

21 **831 Diplomat Dr.**

26 **P.O. Box 786**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 106**

27

City & State

City & State

23 **DeBary, Flg**

28 **DeBary FL**

Zip

Country

Zip

Country

24 **32713**

25 **Volusia**

29 **32713**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZOOK, LISA
257 DE LEON ROAD
DEBARY FL 32713

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **153 Sanford Ave**

84 City

DeBary

FL

85 Zip Code

32713

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 **PD** ☐ DELETE
NAME **ZOOK, CHARLES II**
STREET ADDRESS **P.O. BOX 786** N/A
CITY-STATE-ZIP **DEBARY FL 32713**

TITLE **ST** ☐ DELETE
NAME **ZOOK, LISA**
STREET ADDRESS **P O BOX 786**
CITY-STATE-ZIP **DEBARY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96 **4076680893**
Date Daytime Phone

CR2E034 (12/95)