

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1994.
AMOUNT DUE ON OR BEFORE 8/8/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -7 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083931 (3)

1. Corporation Name

ENGINE CRAFTERS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/14/1994
3a. Date of Last Report

4. FEI Number 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

7. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 5666 LAWTON DR 26 5666 LAWTON DR
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 SARASOTA FL. 28 SARASOTA FL.
24 34233 25 USA 29 34233 30 USA

9. Name and Address of Current Registered Agent

MEDEIROS, DANIEL A
8490 S. TAMiami TRAIL
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name Peter DONNELLY
82 Street Address (P.O. Box Number is Not Acceptable)
2279 West ROBBIE AVE
83
84 City KISSIMMEE FL 85 Zip Code 32746

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

Peter Donnelly

Peter Donnelly

7/1/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MATURO, ANDREW T
STREET ADDRESS 8009 SALEM AVE
CITY - ST - ZIP SARASOTA FL 34232
TITLE PETER DONNELLY (PRESIDENT)
NAME
STREET ADDRESS 2279 WEST ROBBIE AVE
CITY - ST - ZIP KISSIMMEE FL 32746
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter Donnelly

Peter Donnelly

7/1/95

813/9275150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR