FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000015764 (0)

1. Corporation Name

MECHANICS MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
~~P.O. BOX 610000~~ ~~ORLANDO FL 32861-0000~~	~~P.O. BOX 610000~~ ~~ORLANDO FL 32861-0000~~

2. Principal Place of Business	2a. Mailing Address
21 8340 American Way	26 P.O. Box 5000
Suite, Apt #, etc 22	Suite, Apt. #, etc 27
City & State 23 Groveland, Fl.	City & State 28 Groveland, Fl.
Zip 24 34736 Country 25 USA	Zip 29 34736 Country 30 USA

3. Date Incorporated or Qualified: 02/24/1995
3a. Date of Last Report

4. FEI Number: 65-0560291 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FULMER, PHILIP R.
~~5995 L MCLEOD ROAD~~
~~ORLANDO FL 32861~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8000 Cherry Lake Rd.
83
84 City: Groveland FL 85 Zip Code: 34736

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FULMER, BARBARA B	
STREET ADDRESS	8971 CHARLESTON PK	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	☐ DELETE
NAME	TURNER, CYNTHIA F	
STREET ADDRESS	137 HARTINGTON DRIVE	
CITY-ST-ZIP	MADISON AL 35758	
TITLE	D	☐ DELETE
NAME	FULMER, PHILIP R	
STREET ADDRESS	~~1010 PALADIN CT.~~	
CITY-ST-ZIP	~~ORLANDO FL 32806~~	
TITLE	D	☐ DELETE
NAME	FULMER, CARROLL A	
STREET ADDRESS	~~1065 DOGG AVENUE~~	
CITY-ST-ZIP	~~ORLANDO FL 32809~~	
TITLE	D	☐ DELETE
NAME	FULMER, TIMOTHY A	
STREET ADDRESS	9239 WOODBREEZE BLVD.	
CITY-ST-ZIP	WINDEREMERE FL 32819	
TITLE		☐ DELETE
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	8000 Cherry Lake Rd.	
3.4 CITY-ST-ZIP	Groveland, Fl. 34736	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	14726 GORD NECK DR.	
4.4 CITY-ST-ZIP	MONTEVERDE, Fl. 34756	
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		

5/1/96

Bank deposit $208.75

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: [signature] PHILIP R. FULMER SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)