

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Elevator Specialty Parts Inc.

Principal Place of Business

Mailing Address

847 Inverry Drive
Oldsmar, Florida 34677

2. Principal Place of Business

2a. Mailing Address

21 847 Inverry Dr.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Oldsmar Florida

29 City & State

24 Zip

25 Country

30 Zip

Country

34677

Pinellas

29

30

9. Name and Address of Current Registered Agent

VIVIAN MARSHALL
847 Inverry Drive
Oldsmar, FL 34677

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

Vivian Marshall

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

(NOTE: Registered Agent signature required when reinstating)

7/12/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Oldsmar, FL 34677

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Oldsmar, FL 34677

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

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STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

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

Change Addition

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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, with all other like empowered.

SIGNATURE:

Vivian Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99

Date

727-789-4844

Daytime Phone #

FILED

99 JUL 13 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/24/95

4. FEL Number

59-3308200

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 the current year Intangible Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

CR2E034 (1/98)



P.O. BOX 1064 OLDSMAR, FLORIDA 34677
1-800-942-3361 or 727-789-4844
~~~~~Fax: 727-789-5966~~~~~

July 12, 1999

Annual Reports Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

*409 East Gaines Street  
32399*

Re: Reinstatement: Elevator Specialty Parts, Inc.

*2*

To whom it may concern,

Per my telephone conversation with your office on June 16, 1999 I have enclosed the two (2) forms sent via your office and a check for \$673.75.

It came to our attention via our bank that our corporation had been resolved for Administration Dissolution for Annual Report. Upon checking into this matter we found there is an INCORRECT address for mailing, thus we where not receiving any correspondence from your office. Also please note my name is spelled wrong on your current listing. The last name is Marshall NOT Marchall.

I was informed to include a check for the total amount of \$665.00. Note I included an additional \$8.75 for a Certificate of Status.

It is imperative that we get this matter resolved and our corporation back in good standing ASAP. Therefore please call me at 1-800-942-3361 if there is any additional information or funds I need to supply you.

Thank you so very much for your immediate attention.

Sincerely,

Vivian L. Marshall  
President

Enclosures