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 # P95000079673 (6)

1. Corporation Name

JACK STOUDENMIRE'S MIRACLE MOTORS, INC.

Principal Place of Business	Mailing Address
2400 MOODY ROAD ORANGE PARK FL 32073	2400 MOODY ROAD ORANGE PARK FL 32073

3. Date Incorporated or Qualified: **10/16/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 429 Orange Ave
Suite, Apt. #, etc.
22:
City & State
23: Green Cove Springs, Fl
Zip
24: 32043
Country
25: Clay

2a. Mailing Address
26: 429 Orange Ave
Suite, Apt. #, etc.
27:
City & State
28: Green Cove Springs, Fl
Zip
29: 32043
Country
30: Clay

4. FEI Number: 59-3339402 ☐ 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

YONG, FRANK J
225 WATER STREET
SUITE 1235
JACKSONVILLE FL 32202

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 of new registered agent required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Jack H Stoudenmier		1.2 NAME	
STREET ADDRESS	2400 Moody Rd		1.3 STREET ADDRESS	
CITY-ST-ZIP	Orange Park Fl 32073		1.4 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Thomas A Michelsen		2.2 NAME	
STREET ADDRESS	1203 Campbell Cir		2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville fl 32207		2.4 CITY-ST-ZIP	
TITLE	Secretary Tresurer	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Carol B Stoudenmier		3.2 NAME	
STREET ADDRESS	2400 Moody Rd		3.3 STREET ADDRESS	
CITY-ST-ZIP	Orange Park Fl 32073		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: JACK H STOUDENMIER — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

904-284-5503
Daytime Phone #