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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024670 (7)

TRU-SHAFT FRONT WHEEL DRIVE, INC.

Principal Place of Business Mailing Address 5027 SUNBEAM RD. 5027 SUNBEAM RD. JACKSONVILLE FL 32257-8151 JACKSONVILLE FL 32257 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1996 Applied For NO LONGE (IN BUS. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered 81 MAKOFKA, LESTER 1200 RIVERPLACE BLVD., STE. 812 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE High ature, hyperdion printent can is of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) MARK R. THOMAS

328 CANIS DRIVES

ORANGE PARK, PI 32013

Change DANGIO ☐ Change ☑ Addition DELETE $\mathbb{H} H^{\frac{1}{4}}$ 1.1 TITLE SILCOX, ANGEL NAME 1.2 NAME 1033 BUSAC AVE. 1.3 STREET ADDRESS STREET ADORESS JACKSONVILLE FL 32205 CHY-ST ZII 1.4 CITY - ST- ZIP 21 TITLE LILE CHAMPION, ROXANNE 2.2 NAME NAME 628 ANTIGUA RD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32216 2. 4 CiTY-ST-ZiP COY+S1-24P DELETE Change Addition TULE 3.1 TITLE RAGAN, LINDA MAMi 3.2 NAME 703 WESTGATE DR. 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32221 3.4. CITY-ST-ZIP CITY - ST-Zir* DELETE Change Addition 4.1 TITLE III;€ ragan, William 4. 2 NAME NAME 703 WESTGATE DR. 4.3 STREET ADDRESS STREET LANDRESS JACKSONVILLE FL 32221 CHY-ST 7P 4.4 CITY - ST- ZIP DELETE Add:tion 5 1 YITLE ☐ Change Tible THOMAS, MICHAEL W NAME 5.2 NAME 1033 BUSAC AVE. STREET ASSORESS 5.3 STREET ADDRESS JACKSONVILLE FL 32205 City - St. Zith 5.4 CITY-ST-ZIP DELETE Addition TRUE 6.1 TITLE Channe CHAMPION, WILLIS

6.2 NAME

6.3 STREET ADDRESS

64 City-St-7iP

14. I do hereby certify that the information supplied with this filling 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 cylan dipron apaltachms. The first product of the corporation 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 cylan dipron apaltachms.

SIGNATURE:

STREET ACCURESS.

CHY-ST-ZIF

628 ANTIGUA RD.

JACKSONVILLE FL 32216

FILED

May 02 1997 8:00am

Secretary of State

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