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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CO.

DOCUMENT # P96000058530 (2)

FILED
Jan 27 1998 8:00am
Secretary of State

| MARATHON DIESEL REPAIR, INC. | | | | | |
|---|---|-----------------------------------|-----------------------------------|--|---|
| | | | | I ANDRONAL AND COME AND AND AND AND | I ario: C ilo: Isto: B tion libit ba ti 100: |
| | | | | | |
| Principal Plac | ce of Business | Mailing Address | | 1 10231004 110 10140 01411 4014 02341 02414 | i naini arisi isisi siibs jijit 96% jaaf |
| 1410 OCEANVIEW AVENUE P.O. BOX 500741 | | | | } | |
| MARATHON FL 33050 MARATHON | | MARATHON FL 33050 | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | INIS SPACE |
| | | | | 07/11/1996 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | <u> </u> | 4. FEI Number | Applied For |
| 21 | | 26 1410 Ocean | weens an | 65-07 16395 <u>-</u> | Not Applicable |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | y | | 60.75 |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | . El | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 Marathor | 0 12 | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip 22-c- | Country 30 USA | 8. This corporation owes or has paid ! | |
| 24 | 25 | | 30 USA | Personal Property Tax due June 30. | Yes No |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent KINE IAME T | | | | | |
| NUIVE, VAMES | | | | | |
| 1252 OCEANVIEW AVE. | | | | ress (P.O. Box Number is Not Acceptable) | <i>a</i> |
| MARATHON FL 33050 1410 Oceanview and | | | | | |
| 1 | | | [00] | | \ - |
| | | | 84 3111 | - Flas | FL 85 20503 |
| 44 Purcuent | to the provisions of Sections 607.0503 | 2 and 607 1509. Elorida Statutos | the above named corr | poration submits this statement for the pure | ase of changing its registered |
| 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. | | | | | |
| 1 | am familiar with, and accept the obliga | itions of, Section 607.0505, Flor | ida Statutes. | | |
| SIGNATURE | Signature, typed or printed name of registered ager | stand tile if applicable (NOTE: | Registered Agent signature requir | red when reinstating) | DATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 12 |
| TITLE | P | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KLINE, JAMES TILLMAN | | 1.2 NAME | | ŀ |
| STREET ADDRESS | 7200 AVIATION BLVD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARATHON FL | | 1.4 CITY - ST - ZIP | | |
| TITLE | \$T | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | KLINE, BERNICE FAY | | 2.2 NAME | | |
| STREET ADDRESS | 7200 AVIATION BLVD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARATHON FL | | 2. 4 City-St-ZiP | | |
| TITLE | | ☐ DELETE | 3.1 THILE | | ☐ Change ☐ Addition |
| NAME | , | | 3.2 NAME | | • |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | Delete | 3 4. CITY - ST - ZIP | | |
| TITLE | | ☐ DETELE | 4.1 TiTLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - ST - ZIP | | Change |
| TITLE | | (") OFFE IE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 6.4 City - St - ZIP 6.1 TITLE | | Change Addition |
| TITLE | | | 6.2 NAME | | C Change C Addition |
| NAME PTOTET APPROVES | | | 6.2 NAME 6.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 1 | | |
| CITY-ST-ZIP | <u> </u> | | 6.4 CITY - ST - ZIP | | |

14. Thereby 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 suppliemental 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 a attachment with an address.

Came of 1/0,25

1/19/20

2-1-7/13 8-14