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 # P96000104147

1. Corporation Name

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90032 044 ***150.00

JACKSO	nville electric motor i	EXCHANGE INC.							
		45.2	- 41,22		_	<u> </u>		3130 1 11 3 11	3 (3)) 132) 133)
Principal Place	e of Business	Mailing Address							
220 MYRTLE AVENUE SOUTH 220 MYRTLE AVENUE SOUTH									
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204						DO NOT WRITE II	N THIS SF	ACE	
						3. Date Incorporated or Qualifed			
						01/01/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3416834		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	c.		_		1	\$8.75	Additional
22		27				5. Certifcate of Status Desired	J 	Fee R	equired
City & Stat	:e	City & State				6. Election Campaign Financing	1	\$5.00	May Be
23	مارا المختصصينية بالدحجرو ليلث	28				Trust Fund Contribution	J~~~~	Ādded	to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current y	year Intang	gible	
24	25	29	30			Personal Property Tax.		Yes	<u>I</u> I2No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Regis	stered Ag	ent	
				81	Name				
	ER, HUBERT W			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	SHARING CROSS COURT			1		,			
JACH	KSONVILLE FL 32257			83					•
				0.4	Other			85 Zip	Code
				84	City				ì
								anaina it	registered
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the	above-	-named cor	poration submits this statement for the purp	ose of ch	anging is	, icalistica
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with and accept the obligate	2 and 607.1508, Florida S of Florida. Such change	Statutes, the swas authorize	above-	-named cor he corporat	poration submits this statement for the purplion's board of directors. I hereby accept the	ose of characters	nent as re	egistered
l	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida of Florida. Such change tions of, Section 607.050	Statutes, the was authorized States	above- ed by ti tutes.	-named cor he corporat	poration submits this statement for the purplion's board of directors. I hereby accept the	oose of cha appointm	nent as re	egistered
11. Pursuant office or r agent. I a							DOSE OF CREE	nent as re	egistered
l	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligated signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable.		ed Agent			ЭТАС		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registere	ed Agent		red when reinstating)	ERS AND		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS	(NOTE: Registere 13	ed Agent		red when reinstating)	ERS AND	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PTCD FULLER, HUBERT W.	t and title if applicable. D DIRECTORS	(NOTE: Registere 13	ed Agent . ITTLE		red when reinstating)	ERS AND	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT	t and title if applicable. D DIRECTORS	(NOTE: Registere 13	ed Agent . ITTLE NAME	signature requir	red when reinstating)	ERS AND	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257	t and title if applicable. D DIRECTORS	(NOTE: Registere 13	ed Agent . ITTLE	signature requir	red when reinstating)	ERS AND	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD	t and title if applicable. D DIRECTORS DELE	(NOTE: Registerer 13	Agent TITLE NAME STREET /	signature requir	red when reinstating)	ERS AND	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANI OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H.	t and title if applicable. D DIRECTORS DELE	(NOTE: Registerer 13 13 14 13 14 14 14 15 15 15 15 15	Ad Agent TITLE NAME STREET / CITY-ST- TITLE	signature requirements of the signat	red when reinstating)	ERS AND	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377	t and title if applicable. D DIRECTORS DELE	(NOTE: Registerer 13 TE 1.11 12 1.33 1.40 TE 2.11 2.21 2.33	ed Agent . ITTLE NAME STREET / ITTLE NAME STREET / STREET /	ADDRESS	red when reinstating)	ERS AND	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	t and title if applicable. D DIRECTORS DELE	(NOTE: Registerer 13 13 14 13 14 14 14 14	Ad Agent TITLE NAME STREET / CITY-ST- TITLE	ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	t and title if applicable. D DIRECTORS DELE	(NOTE: Registerer 13 TE 1.11 12 1.35 1.4 TE 2.1 2.21 2.35 2.4 TE _ 3.1	Ad Agent TITLE NAME STREET # CITY-ST- TITLE NAME STREET # CITY-ST	ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	t and title if applicable. D DIRECTORS DELE	(NOTE: Registere 13 13 12 13 14 14 15 14 15 14 15 15	AND	ADDRESS -ZIP ADDRESS -ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	t and title if applicable. D DIRECTORS DELE	(NOTE: Registere 13 TE 1.11 1.21 1.33 1.40 TE 2.17 2.21 2.33 2.4 3.17 3.21 3.33	MA Agent TITLE NAME STREET / CITY-ST- TITLE NAME STREET / CITY-ST TITLE NAME STREET / STREET / STREET / STREET /	ADDRESS ADDRESS -ZIP ADDRESS -ZIP ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	t and title if applicable. D DIRECTORS DELE	(NOTE: Registere 13 TE 1.11 1.21 1.33 1.44 TE 2.17 2.21 2.33 2.4 3.11 3.21 3.34	MAGENTALE NAME STREET / CITY-ST- TITLE NAME STREET / STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS ADDRESS -ZIP ADDRESS -ZIP ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	t and title if applicable. D DIRECTORS DELE	(NOTE: Registere 13 TE 1.11 1.21 1.33 1.40 TE 2.13 2.24 2.34 3.21 3.31 3.4 TE 4.1	AGAGENTALE NAME STREET ACTIVESTREET ACTIVEST	ADDRESS ADDRESS -ZIP ADDRESS -ZIP ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTI Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	t and title if applicable. D DIRECTORS DELE	(NOTE: Registere 13 TE 1.11 1.21 1.33 1.40 TE 2.11 2.21 2.33 2.4 TE 3.11 3.21 3.31 3.4 TE 4.1 4.2	ad Agent	ADDRESS -ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTI Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	t and title if applicable. D DIRECTORS DELE	(NOTE: Registere 13 TE 1.11 1.27 1.33 1.40 TE 2.17 2.21 2.33 2.4 TE 3.17 3.21 3.31 3.4 TE 4.17 4.2 4.33	ad Agent . ITTLE VAME VAME STREET // ITTLE VAME STREET // ITTLE VAME TITTLE VA	ADDRESS -ZIP -ZIP -ADDRESS -ZIP -ZIP -ADDRESS -ZIP -ZIP -ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTI Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	T and title if applicable. D DIRECTORS DELE DELE	(NOTE: Registere 13 TE 1.11 1.21 1.33 1.40 TE 2.17 2.21 2.33 2.4 TE 3.17 3.21 3.34 TE 4.17 4.2 4.33 4.44	ad Agent . ITTLE VAME VAME STREET / ITTLE VAME CITY-ST	ADDRESS -ZIP -ZIP -ADDRESS -ZIP -ZIP -ADDRESS -ZIP -ZIP -ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTI Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	t and title if applicable. D DIRECTORS DELE	(NOTE: Registere 13 TE 1.11 1.21 1.33 1.40 TE 2.11 2.21 2.33 2.4 TE 3.11 3.21 3.34 TE 4.1 4.2 4.33 4.41 TE 5.11	ad Agent . ITTLE VAME STREET // ITTLE VAME VAME VAME VAME VAME VAME VAME VAM	ADDRESS -ZIP -ZIP -ADDRESS -ZIP -ZIP -ADDRESS -ZIP -ZIP -ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTI Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	T and title if applicable. D DIRECTORS DELE DELE	(NOTE: Registere 13 TE 1.11 1.27 1.33 1.40 TE 2.17 2.21 2.33 2.4 TE 3.17 3.21 3.34 TE 4.17 4.2 4.33 4.41 TE 5.17	ad Agent . ITTLE VAME VAME STREET / ITTLE VAME VAME VAME VAME VAME VAME VAME VAM	ADDRESS -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTI Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	T and title if applicable. D DIRECTORS DELE DELE	(NOTE: Registere 13 TE 1.11 1.27 1.33 1.44 TE 2.17 2.21 2.33 2.4 TE 3.17 3.21 4.17 4.2 4.33 4.41 TE 5.17 5.21	ad Agent . ITTLE . ITTLE VAME STREET / VAME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTI Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	Tand title if applicable. D DIRECTORS DELE DELE	(NOTE: Registere 13 TE 1.11 1.27 1.33 1.40 TE 2.17 2.21 2.33 2.4 TE 3.17 3.21 4.17 4.2 4.33 4.41 TE 5.17 5.21 5.33 5.44	ad Agent . ITTLE VAME VAME STREET / ITTLE VAME STREET / ITTLE VAME STREET / ITTLE VAME STREET / ITTLE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO Change Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	T and title if applicable. D DIRECTORS DELE DELE	(NOTE: Registere 13 TE 1.11 1.27 1.33 1.44 TE 2.17 2.21 2.33 2.4 TE 3.17 3.21 4.17 4.2 4.33 4.41 TE 5.17 5.21 5.34 5.44	ad Agent . ITTLE . ITTLE VAME STREET / ITTLE ITTLE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTI Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	Tand title if applicable. D DIRECTORS DELE DELE	(NOTE: Registere 13 TE 1.11 1.27 1.33 1.44 TE 2.17 2.21 2.33 2.4 TE 3.17 3.27 3.4. TE 4.17 4.2 4.33 4.41 TE 5.17 5.21 5.33 5.44 TE 6.17	ENTRY STREET / STREET	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO Change Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	OFFICERS ANI PTCD FULLER, HUBERT W. 9743 SHARING CROSS COURT JACKSONVILLE FL 32257 VSD FULLER, TERRELL H. 5291 COLLINS ROAD #377 JACKSONVILLE FL 32244	Tand title if applicable. D DIRECTORS DELE DELE	(NOTE: Registere 13 TE 1.11 1.27 1.33 1.40 TE 2.11 2.21 2.33 2.4 TE 3.11 3.21 3.34 TE 4.1 TE 4.1 5.21 5.33 5.41 TE 6.11 6.21	ENTRY STREET / STREET	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO Change Change Change	ORS IN 12 Addition Addition

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR