## FILED Mar 08, 2004 8:00 am Secretary of State 02-19-2004 90024 048 \*\*\*150.00

DOCUMENT # P97000023066  1. Entity Name TODD'S TRANSMISSIONS INC.					02-19-2004 90024 048 ***130.00		130.00
Principal Place of Business 5355 WACISSA AVENUE JACKSONVILLE, FL 32254		Mailing Address 5355 WACISSA AVENUE JACKSONVILLE, FL 32254		66404842			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112004 Chg-P	CR2E034 (10/03)	)
City & State		City & State		1/1	-4. FEI Number	<b>1</b> —↓	Applied For
Zip	Country	Z]p	Count	try	5. Certificate of Status Desire	¢0.75 .	ditional
	8. Name and Address of Current	Registered Agent		Name	7. Name and Address of Ne	w Registered Agent	
HANNER, TODD						<del></del>	
5355 WACISSA AVENUE JACKSONVILLE, FL 32254				Street Address (P.O. Box Number Is Not Acceptable)			
•				City		FL Zip Co	de
8. The above the obligation	named entity submits this statement to one of registered agent.	or the purpose of changing its	s registers	ed office or register	ed agent, or both, in the State of	f Florida. I am familiar with	n, and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NO)	TE: Registered	d Agent algnature required	when reinstition?	DATE	, ]
FILI After Ma	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa 00 Trust Fund Con			00 May Be ad to Fees		
10:.**	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CHANGES TO (	OFFICERS AND DIRECTO	RS IN 11
TITLE NAME 5 STREET DORESS	P Delete HANNER, TODD W 9154 BEARDEN RD		TITLE NAME STREE		400 west confederate Drive Dadition		
CITY+ST-ZIP	JAX, FL 32220			-ST-ZP C7-\e	in st. Mary, Flo	rida 3204	to
TITLE NAME STREET ADDRESS		☐ Delete	TITLE	•	<del></del>	☐ Change	☐ Addition
CITY-ST-ZIP		<u> </u>		ST-ZP	والمراجع والمعاملين		٠ ـ نــ ـ ا
TITLE NAME	_	C) Delizie	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZEP	<u> </u>			ET ADORESS - ST-ZIP			, <i>'</i>
HAME STREET ADDRESS CITY-ST-ZIP	`	☐ Deleta		•		☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	• -	☐ Defete	TITLE NAME STREE			☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET			☐ Change	☐ Addition
of the cor	certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee empor or on an attachment with an address,	owered to execute this report	or the exer my signat t as requir 1.	mption stated in Se ture shall have the red by Chapter 607 ATTIE L	same legal effect as it made und Florida Statules; and that my n		er ar director or Block 11 if

TODD Hanner . March 3, 2004 355-6040