

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

FILED

Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000032516 (1)

1. Corporation Name

MOTORWORKS EXPRESS, INC.



Principal Place of Business

**408 HAWK STREET
ROCKLEDGE FL 32955**

Mailing Address

**408 HAWK STREET
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1997

4. FEI Number

59-3434887

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 **2716 Mariah Dr.**

27 Suite, Apt. #, etc.

28 City & State **Melbourne, FLA.**

29 Zip **32940** **30** Country **USA**

9. Name and Address of Current Registered Agent

**SCHMIDT, MERRY C
855 FLETCHER ROAD, S.E.
PALM BAY FL 32909**

10. Name and Address of New Registered Agent

81 Name **Schmidt, Merry C.**
82 Street Address (P.O. Box Number is Not Acceptable)
2716 Mariah Dr.
83
84 City **Melbourne** **FL** **85** Zip Code **32940**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, MERRY C	
STREET ADDRESS	855 FLETCHER ROAD, S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, GARY SCOTT	
STREET ADDRESS	P.O. BOX 986 N/A	
CITY-ST-ZIP	TITUSVILLE FL 32781	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, GEORGE ALLEN	
STREET ADDRESS	855 FLETCHER ROAD, S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2716 Mariah Dr.	
1.4 CITY-ST-ZIP	Melbourne, FLA 32940	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2716 Mariah Dr.	
3.4 CITY-ST-ZIP	Melbourne, FLA 32940	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address.

SIGNATURE: *Merry C. Schmidt* *Merry C. Schmidt* 2/18/98 407-757-5083

CR2E034 (10/97)