## 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 CORFORATIONS

## DOCUMENT # P98000049532

ELECTRIC PROPULSION INC.

Principal	Place	οſ	Business

Mailing Address

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90068 013 \*\*\*150.00



Fillicipal Flace of Beamings					
10030 AMBERWOOD ROAD FORT MYERS FL 33913	10000 AMBERWOOD ROAD FORT MYERS FL 33913		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 06/01/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	V Applied For Not Applicable	
Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Co 29 30	untry	8. This corporation owes the current year Intangible Personal Property Tax.		
24    25		nent 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent  LUMSDEN, DENNIS J  67 19 WINKLER ROAD, #121		81 Name			
		82 Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
FORT MYERS FL 33919		83			
		84 City	proporation submits this statement for the purpose	85 Zip Code	
	The State of the S	shows named co	progration submits this statement for the purpose	Of Changing its registere	

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 register 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition 12. Change DELETE 1.1 TITLE TITLE 1.2 NAME POSMA, BONNE W NAME 1.3 STREET ADDRESS 10030 AMBERWOOD ROAD STREET ADDRESS 1.4 CITY-ST-ZIP FORT MYERS FL 33913 Addition Change CITY-ST-ZIF DELETE 2.1 TITLE TITLE 2.2 NAME 'IAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP Addition Change CITY-ST-ZIP ☐ DELETE 3.1 TITLE 3.2 NAME LAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Addition Change CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4, 2 NAME 'AME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP Addition CITY-ST-ZIP Change □ DELETE 5 1 TITLE TITLE 5.2 NAME AME 5.3 STREET ADDRESS TIREET ADDRESS 5.4 CITY-ST-ZIP ☐ Addition Change ', ITY ST-ZIF 6.1 TITLE □ DELETE 'ITLE 6.2 NAME HAME 6.3 STREET ADDRESS TIREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this arrival 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, with all other like empowered.

4/16/8

941-561-1561