**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

06-25-1999 90002 001 **158.75
FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 21 PM 1:55

DOCUMENT # P98000082853

1. Corporation Name
MASTER TRANSMISSIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1004-10TH ST. W., UNIT C<br>PALMETTO FL 34221 | 1004-10TH ST. W., UNIT C<br>PALMETTO FL 34221 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1998

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1210 11th St E | 26 1210 11th St E |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc 27 |
| City & State 23 Palmetto, FL | City & State 28 Palmetto, FL |
| Zip 24 34221 Country 25 USA | Zip 29 34221 Country 30 USA |

4. FEI Number: 65-0879130 ☐ 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEVANEY, MERRIL
1004-10TH ST. W., UNIT C
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1210 11th St East
83
84 City Palmetto, FL 85 Zip Code 34221

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 Merril A Devaney 4/30/99
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

home Address

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | Merril A. Devaney | 1.2 NAME | |
| STREET ADDRESS | 569 Corvette Dr | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Largo, FL 33771 | 1.4 CITY-ST-ZIP | |
| TITLE | Vice President ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | James R. O'Farrow | 2.2 NAME | |
| STREET ADDRESS | 569 Corvette Dr | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Largo, FL 33771 | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

$10/27

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, with all other like empowered.

SIGNATURE: Merril A Devaney 4/30/99 (941) 721-8120
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #