

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90065 047 ***150.00

DOCUMENT # P98000085909

1. Corporation Name

MONTEREY TRANSMISSIONS, INC.

Principal Place of Business

542 SE MONTEREY RD
STUART FL 34994

Mailing Address

542 SE MONTEREY RD
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

53-00-025185268

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

2. Principal Place of Business

21 542 Monterey Rd
Suite, Apt. #, etc.

22 STUART FL
City & State

23 34994
Zip

24 Country
25 Martin

2a. Mailing Address

26 Suite, Apt. #, etc.
27 SAME

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MCCOMAS, CHARLES C
2204 SW SHOAL CREEK TRACE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 D ☐ DELETE

NAME MCCOMAS, CHARLES C
STREET ADDRESS 2204 SW SHOAL CREEK TRACE
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ DELETE

NAME MCCOMAS, GERALD
STREET ADDRESS 2204 SHOAL CREEK TRACE
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ DELETE

NAME MCCOMAS, JUDY
STREET ADDRESS 2204 SW SHOAL CREEK TRACE
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Charles C. McComas

Date

1-5-99

Daytime Phone #

561-221-9676

561-221-0081

CR2E034 (11/98)

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