FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S59528

DOCUMENT #

1. Corporation Name NATIONAL TRANSMISSION REBUILDERS, INC.

Principal Place of Business Mailing Address 3600 GARDEN ST TITUSVILLE FL 32796 Mailing Address TITUSVILLE FL 32796						
HIJOHILLE F	. P. AP. 20.	THE STREET PERSONS	•	3. Date Incorporated or Qualified 06/10/1991	3a. Date of Last 06/08/	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-3076312		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee	5 Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	1 (00 May Be led to Fees
Zip Country		Zip	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
24]	25 g. Name and Address of Curre	29	30	Florida Statutes Yes 10. Name and Address of New R		
	g. Name and Address of Curre	nt Registereo Agent	81 Name	TO, Name and Produces of New York		
	, RICHARD L.		82 Street Addi	ress (P.O. Box Number is Not Acceptab	ole)	· AN/ANAPI DI
	arden st Ille fl 32796		83			
1110341	LUE TE 32190		84 City		85	Zip Code
					FL	·
or registered familiar with	d agent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such change was authoriz tion 607.0505, Florida Statutes	'ea by the carparation's boa	ration submits this statement for the put rd of directors. I hereby accept the app of when reinstating:	ointment as register	ed agent. I am
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
TITLE	PD	DELETE	1. 1 TITLE		[] Chang	e 🔲 Addition
NAME	LOGAN, RICHARD L.		1.2 NAME			
STREET ADDRESS	3965 CATALINA ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY - ST-ZIP		[] Chang	e Addition
TITLE	\$	DELF1E	2 1 TETLE		[] Guang	e [] Addition
NAME .	CHRISTY, JORDAN		2.2 NAME			
STHEET ADDRESS	3600 GARDEN ST TITUSVILLE FL		23 STREET ADDRESS			
CITY-ST-ZIP TITLE	IIIOSVILLE PL	T DELETE	2.4 CHY-ST-ZIP 3.1 TITLE		Chang	je 🔲 Addition
NAME		L.J	3 2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST - ZIP			
TITLE		☐ DELETE	4. 1 TiTLE		Chang	ge 🔲 Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP	ALAL VIII VIII VIII	F1 01	no [] Addition
TITLE		□ DELFT€	5. 1 TIFLE		☐ Chan	ge 🔲 Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		[] Chan	ge 🔲 Addition
TILE		Приси	62 NAME			
NAME PROFEST ADDRESS			6.3 STREET ADDRESS			
STREET ADDRESS			64 CITY - ST - ZIP			
certify that	the information inclinated on this on	nual report or supplemental an pocation or the receiver or trust	mished and does not qualify nual report is true and accur ee empowered to execute th	for the exemption stated in Section 116 rate and that my signature shall have the his report as ocquired by Chapter 607, F	e samo igual checu c	is il iliade bildei

SIGNATURE: