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Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S72887 (0)

1. Corporation Name  
A-N-C DIESEL REPAIR, INC.



Principal Place of Business  
520 MAGNOLIA AVE  
WINTER GARDEN FL 34787  
US

Mailing Address  
P. O. BOX 1674  
MINNEOLA FL 34755-1674  
US

3. Date Incorporated or Qualified  
08/09/1991  
3a. Date of Last Report  
07/17/1996  
4. FEI Number  
59-3077421  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

COON, NEIL  
7322 GROVELAND FARMS  
GROVELAND FL 34736

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	ANDERSEN, JOHN	1.2 NAME	
STREET ADDRESS	7316 GROVELAND FARMS ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	
NAME	COON, NEIL	2.2 NAME	
STREET ADDRESS	7322 GROVELAND FARMS ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND FL	2.4 CITY - ST - ZIP	
TITLE	SDT	3.1 TITLE	
NAME	COON, VICKI A.	3.2 NAME	
STREET ADDRESS	7322 GROVELAND FARMS ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Neil Coon* PRESIDENT 1-30-97 407 656-7229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)