## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



## Katherine Harris

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS				Mar 29, 1999 8:00 am Secretary of State 03-29-1999 90087 013 ***150.00				
1. Corporation	MENT # S99089 EE MOTORS, INC.									
CHENUK	EE MOTONS, INC.									
Principal Place of Business Mailing Address								4:81: <b>010</b> 11 <b>31.0</b> 11 <b>4</b> 1	D))	
14240 CORTEZ BROOKSVILLE I US		14240 CORTEZ BLVD BROOKSVILLE FL 34613 US			3 Do	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
						2/09/1991	Quanieu			
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			Number		Арр	lied For	
21		26			59	<del>-3097457</del>			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	<del></del>	= <del>5.</del> -Ce	rtifcate of Status	Desired	<b>\$8,75</b> _A		
22 City & State	<u> </u>	City & State			6 Ele	ection Campaign f	inancing	\$5.00		
23	•	28				ust Fund Contribu	- 11	Added to		
Zip	Country 25	Zip	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.				
241	9. Name and Address of Current		1901.				of New Registered	Agent		
81 Name Louis						R FER	NALD			
FERNALD LOUIS R.						Box Number is N	ot Acceptable)			
10504 HAPPY HOLLOW AVENUE ODESSA FL 34668				83	<b>(1)</b>	<u> </u>	<b>~</b>		_	
ODE33A FL 34000				103   /	14240	CORTEZ	Bivd.			
				84 City	BROO	ksville	FL		611ゴー	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with any accept the obligat	and 607.1508, Florida St of Florida. Such change w	tatutes, the	above-named of the corpo	corporation su pration's board	bmits this statem of directors. I he	ent for the purpose of reby accept the appo	f changing its r intment as reg	egistered istered	
	m familiar with and accept the obligati	ions of Section 607.0905	piorina se	121			224	-99		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (	NOTE: Register	ed Agent signature re	equired when reins	ating)	DATE	<del>- / / _</del>		
12.	OFFICERS AND		13		ADI	DITIONS/CHANG	ES TO OFFICERS A			
TITLE	PTD <sup>2</sup>	☐ DELETI		TITLE				Change	☐ Addition ]	
NAME	FERNALD, JAMES V.B. JR			NAME			0		ļ	
STREET ADDRESS	8816 ROBERTS RD			STREET ADDRESS						
CITY-ST-ZIP TITLE	ODESSA FL VSD	□ DELET		CITY-ST-ZIP TITLE				☐ Change	Addition	
NAME	FERNALD, LOUIS R	2, 522211		NAME				*	_	
STREET ADDRESS	10504 HAPPY HOLLOW AVE			STREET ADDRESS				<b></b> .	. 1	
CITY-ST-ZIP	ODESSA FL		2. 4	CITY-ST-ZIP				-		
TITLE		☐ DELET	E 3.1	TITLE				☐ Change	☐ Addition	
NAME			3.2	NAME					ļ	
STREET ADDRESS	•		3.3	STREET ADDRESS						
CITY-ST-ZIP	<u></u>			. CITY-ST-ZIP				Change	Addition	
TITLE		☐ DELET		TITLE NAME				Cionarigo		
NAME STREET ADDRESS				STREET ADDRESS					İ	
CITY-ST-ZIP			1	CITY-ST-ZIP						
TITLE	<del> </del>	☐ DELET		TITLE				☐ Change	☐ Addition	
NAME			5.2	NAME					. }	
STREET ADDRESS			5.3	STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE		☐ DELET	- 1	TITLE				Change	☐ Addition	
			<b>■</b> 6.7	NAME !					1	

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 fequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #