

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90029 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V01064

1. Corporation Name
DIESEL FILTER SERVICE, INC.

Principal Place of Business

951 COUNTRY CLUB BLVD
CAPE CORAL FL 33990
US

Mailing Address

951 COUNTRY CLUB BLVD
CAPE CORAL FL 33990
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1991

4. FEI Number

65-0296558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 1003 S.E. 12th AVE:

Suite, Apt. #, etc.

22 UNIT #1

City & State

23 CAPE CORAL, FL

Zip

24 33990

25

LEE

Country

2a. Mailing Address

26 1003 S.E. 12th AVE.

Suite, Apt. #, etc.

27 UNIT #1

City & State

28 CAPE CORAL, FL

Zip

29 33990

30

LEE

Country

9. Name and Address of Current Registered Agent

BURCH, EUGENE J. AND THOMAS M. HOLMAN
951 COUNTRY CLUB BLVD
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

THOMAS M. HOLMAN

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

1003 S.E. 12th AVENUE

83 UNIT #1

84 City

CAPE CORAL, FL

85

Zip Code

33990

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 Thomas M. Holman
Signature, typed or printed name of registered agent and title if applicable.

THOMAS M. HOLMAN
(NOTE: Registered Agent signature required when reinstating)

4/27/99
Date

12. OFFICERS AND DIRECTORS

TITLE PTS
NAME BURCH, EUGENE J.
STREET ADDRESS 4541 BAY BEACH LN #342
CITY-ST-ZIP FT. MYERS BCH FL
☒ DELETE

TITLE VSD
NAME HOLMAN, THOMAS M
STREET ADDRESS 5147 SW 3RD AVE
CITY-ST-ZIP CAPE CORAL FL 33914
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, ET AL
1.2 NAME THOMAS M. HOLMAN
1.3 STREET ADDRESS 5147 S.W. 3RD AVE.
1.4 CITY-ST-ZIP CAPE CORAL, FL 33914
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: Thomas M. Holman THOMAS M. HOLMAN 4/27/99 (941) 458-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)