

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V02826** (8)

1. Corporation Name

ARMSTRONG'S PERFORMANCE AUTOMOTIVE, INC.



Principal Place of Business

**2720 FORSYTH ROAD
317
WINTER PARK FL 32792
US**

Mailing Address

**745 OLD GENEVA RD
GENEVA FL 32732
US**

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **300 W. Third Street**

26

4. FEI Number

59-3100827

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Sanford, FL**

28

Zip

Country

Zip

Country

24 **32771**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARMSTRONG, DAVID B.
2720 FORSYTH ROAD
#317
WINTER PARK FL 32792**

81 Name

Armstrong, David B.

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

300 W. Third Street

83

84 City

Sanford

FL

85 Zip Code

32771

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 ☐ DELETE
NAME **PTD**
STREET ADDRESS **ARMSTRONG, DAVID B.**
CITY-ST-ZIP **745 OLD GENEVA RD**
GENEVA FL

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **ARMSTRONG, KAREN L.**
CITY-ST-ZIP **745 OLD GENEVA RD**
GENEVA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Karen L. Armstrong** **Karen L. Armstrong**

4-5-96 **407/321-7007**
Date Daytime Phone #

CR2E034 (12/95)