

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 # **V20617** (9)

1. Corporation Name

AUTOMOTIVE EQUIPMENT SERVICE INC.



Principal Place of Business

Mailing Address

**632 HAGER COURT
DELTONA FL 32725**

**632 HAGER COURT
DELTONA FL 32725**

2. Principal Place of Business

21 **357 YORKSHIRE DR**
Suite, Apt. #, etc.

2a. Mailing Address

26 **PO BOX 568**
Suite, Apt. #, etc.

22 City & State

23 **LAKE HELEN, FL**

24 **32744** Country **USA**

27 City & State

28 **LAKE HELEN, FL**

29 **32744** Country **USA**

3. Date Incorporated or Qualified

03/12/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3111618

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

9. Name and Address of Current Registered Agent

**CHESTER, LISA ALLYN
632 HAGER COURT
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name

CHESTER, LISA ALLYN

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

357 YORKSHIRE DR

83

84 City

LAKE HELEN

FL

85 Zip Code
32744

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 **P** ☐ DELETE

NAME **CHESTER, LISA A**
STREET ADDRESS **632 HAGER CT.**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **VP** ☐ DELETE

NAME **CHESTER, THOMAS K**
STREET ADDRESS **632 HAGER COURT**
CITY-ST-ZIP **DELTONA FL 32725**

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 **P** ☒ Change ☐ Addition

1.2 NAME **CHESTER, LISA A**
1.3 STREET ADDRESS **357 YORKSHIRE DR**
1.4 CITY-ST-ZIP **LAKE HELEN, FL 32744**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **CHESTER, THOMAS K**
2.3 STREET ADDRESS **357 YORKSHIRE DR**
2.4 CITY-ST-ZIP **LAKE HELEN, FL 32744**

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:

Lisa A. Chester

LISA A. CHESTER

4-29-96

904-228-3742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)