

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.

22 City & State
 LAKE HELEN, FL

23 Zip Country
 32744 USA

24 32744 25 USA

2a. Mailing Address

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

27 City & State
 LAKE HELEN, FL

28 Zip Country
 32744 USA

29 32744 30 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

10. Name and Address of New Registered Agent

CHESTER, LISA ALLYN
 632 HAGER COURT
 DELTONA FL 32725

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CHESTER, LISA A	1.2 NAME	CHESTER, LISA A
STREET ADDRESS	632 HAGER CT.	1.3 STREET ADDRESS	357 YORKSHIRE DR
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	VP	2.1 TITLE	VP
NAME	CHESTER, THOMAS K	2.2 NAME	CHESTER, THOMAS K
STREET ADDRESS	632 HAGER COURT	2.3 STREET ADDRESS	357 YORKSHIRE DR
CITY-ST-ZIP	DELTONA FL 32725	2.4 CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	000001835850
NAME		5.2 NAME	-05/23/96--01006--008
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
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 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)