SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0009169

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 JUL 20 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 390873

1. Corporation Name
BOB PFORTE MOTORS, INC.

Principal Place of Business	Mailing Address
P O BOX 794 MARIANNA FL 32447 US	P O BOX 794 MARIANNA FL 32447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1971

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1414401 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PFORTE,ROBERT R
2958 HERITAGE RD
MARIANNA FL 32447

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P ST	☑ Change ☐ Addition
NAME	PFORTE, ROBERT		1.2 NAME	PFORTE Robert	
STREET ADDRESS	2958 HERITAGE RD		1.3 STREET ADDRESS	2958 Heritage Rd	
CITY-ST-ZIP	MARIANNA FL		1.4 CITY-ST-ZIP	MARIANNA, FL	
TITLE	ST	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PFORTE, KATHERINE W.		2.2 NAME		
STREET ADDRESS	2958 HERITAGE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	VP	☐ Change ☑ Addition
NAME			3.2 NAME	PFORTE John	
STREET ADDRESS			3.3 STREET ADDRESS	4214 LAFAYETTE ST	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MARIANNA Florida	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	600002948266--2	
STREET ADDRESS			4.3 STREET ADDRESS	-08/03/99--01003--015	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****150.00 ****150.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TS	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: Robert Pforte 7-1-99
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR Date Daytime Phone #

Dept of STATE
DIV Corporation - 2

ENclosed Please Find TWO ANNUAL Reports JUST Recieved - Both of these TRANSACTIONS were Completed ON JAN 1 1999. We JUST TALKed TO ONE of Your Represaritives AND EXplained We were waiting for the New Reports with the Corp CHANGE which we ONLY recieved TODAY - We understand these are Computer Generated - AND were Suprosed to be foled under the old NAME - I GUESS we ARE JUST Confused - We were ASKed to write AND EXPLAIN this in writing - PLEASE Help us STRAIGHTEN THIS OUT -

PHONE # 850 482 4601 THANK YOU IN ADVANCE
FAX # 850 482 4592

Robin Pruett PRES
Bob Pruett Motors INC
Quality Services INC