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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 401344

LANGSTON'S GARAGE & AUTO PARTS CO., INC.

rincipal Place of Business Mailing Address						Die Erfer Arfte minit minte arter jane.	
M1 NORTH HIGHWAY 301 8011 NORTH HIGHWAY 301 NMPA FL 33637 TAMPA FL 33637					DO NOT WRITE IN T	HIC CDACE	
				•		nio SPACE	
			 		3. Date Incorporated or Qualifed 05/17/1972		
. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
26					59-1404117	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	& State		6. Election Campaign Financing	\$5.00 May Be		
] · •	•	28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	Intangible	
25		29 30			Personal Property Tax.	☐ Yes ☐ No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
KEEL C. J. ID			8	1			
4830 W KENNEDY BLVD STE 750			8		dress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33609			8	3			
				4 City	are The mile Carre I was a More Bright game &	85 Zip Code	
agent I a	m familiar with, and accept the obligation of registered age				poration submits this statement for the purposion's board of directors. I hereby accept the ar		
2.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TLE	PD	☐ DELETE	1,1 TITLE			☐ Change ☐ Addition	
AME	LANGSTON,R	•	1.2 NAM	E			
REET ADDRESS 1525 RIVERHILLS NORTH		. 13		ET ADDRESS			
TOURILE TERRACE EL			1.4 CITY	-			
ITY-ST-ZIP			2.1 TITLE			☐ Change ☐ Addition	
ITLE .	VD	C bette		· \			
AME ·	Lateration, D		2.2 NAM	1) >500		
TREET ADDRESS	233 11417 114101110 011111111111			EET ADDRESS			
ITY-ST-ZIP	THONOTOSASSA FL		_	'-ST-ZIP		☐ Change ☐ Addition	
TILE HOUSE	SD	□ DELETE	3.1 TITLE				
AME			3.2 NAM	E	•		
TREET ADDRESS 1525 RIVERHILLS NORTH			3.3 STR	EETADORESS	。100g (17) 10 (数字)20 (为数数数数数	医检查性影发性的眼睛	
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			4. 2 NAM	KE			
TREET ADDRESS	ESS 1.1			EET ADDRESS	•		
ITY-ST-ZIP			4.4 CITY		·	☐ Change ☐ Addition	
TILE			5.1 TITLE			□ cuanãa "□ vocation	
IAME		₽,	5.2 NAM			,	
TREET ADDRESS			5.3 STR	EET ADORESS			

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

WENT THERPLAN FOR THE

CITY-ST-ZIP

STREET ADDRESS

TITLE

☐ DELETE

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90002 010 ***150.00