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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Jan 22 1998 8:00am Secretary of State

	1000	<u></u>			JI State
DOCUMENT # 421090 (2) WILL'S STARTER /& ALTERNATOR SERVICE, INC.					
	·			E 1000) O BIBLE (100) TOUT 1000 PEUR DOTT DIE I	15: 3:0 :1 1:0: 1 1:0:1 0:0:1 1 :0:
Orienta de Dina		14-10			
Principal Place of Business Mailing Address					
4695-49TH ST N 4695-49TH ST N ST PETE FL 33709 ST PETE FL 33709					
				DO NOT WRITE IN THE	S SPACE
				 Date Incorporated or Qualified 03/12/1973 	
2. Principal Place of Business 2a. Mailing Address				4. FE! Number	Applied For
21 26			59-1447802	Not Applicable	
Suite, Apt. #, etc. Suite. Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
22			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of New Registere	a Agent
PEIVNING, JUSEPH A. JK.					· <u> </u>
1529 DOUGLAS AVE DUNEDIN FL 32698			82 Street Add	ress (P.O. Box Number is Not Acceptable)	e 13 -
DONCDIN I E 32030			83		
			84 City		85 Zip Code
				F	L. l '
11. Pursuant to	o the provisions of Sections 607.050 egistered agent, or both, in the State	12 and 607,1508, Florida Statute of Florida, Such change was a	s, the above-named corp uthorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered a appointment as registered
	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ent and liffe if applicable. (NOTE	. Registered Agent signature requir	red when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P DENNING LOCEDIA A ID	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	PENNINO, JOSEPH A JR 1529 DOUGLAS AVE		1.2 NAME		
STREET AODRESS CITY-ST-ZIP	DUNEDIN, FL 00000		1.3 STREET ADDRESS		
TITLE	ST ST	DELETE .	2.1 TITLE		Change Addition
NAME	PENNINO, WILMA K		2.2 NAME		· -
STREET ADDRESS	1529 DOUGLAS AVE		2.3 STREET ADDRESS	• •	
CITY-ST-ZIP	DUNEDIN, FL 00000		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	_	Change
NAME OTRECT LIBERTON			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CiTY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
				0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

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:

(813)522-7420