FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** CORPORATION Katherine Harris ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 421090 1. Corporation Name

1999

WILL'S STARTER /& ALTERNATOR SERVICE, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90049 011 ***150.00



			
Principal Place of Business	Mailing Address		
4695-49TH ST N ST PETE FL 33709	4695-49TH ST N ST PETE FL 33709		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed 03/12/1973
Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For 59-1447802 - Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country 25	Zip Co	ountry	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address o	f Curreint Registered Agent		10. Name and Address of New Registered Agent
PENNINO, JOSEPH A. JR.		81 N	Name
1529 DOUGLAS AVE		82 S	Street Address (P.O. Box Number is Not Acceptable)
DUNEDIN FL 32698		83	
		1 1	FL 85 Zip Code
office or registered agent, or both, in t	: 607.0502 and 607.1508, Florida Statutes, the he State of Fiorida. Such change was authorize he obligations\of, Section 607.0505, Florida Sta	ed by the	amed corporation submits this statement for the purpose of changing its registered ecorporation's board of directors. I hereby accept the appointment as registered

SIGNATURE Signature, typed or printed name of registered agent and title; if applicat OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ Change ☐ Addition ☐ OELETE TITLE 1.1 TITLE PENNINO, JOSEPH A JR NAME 1.2 NAME 1529 DOUGLAS AVE 1.3 STREET ADDRESS STREET ADDRES 34698 DUNEDIN, FL,09000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PENNINO, WILMA K 2.2 NAME 1529 DOUGLAS AVE 23 STREET ADDRESS STREET ADDRE 34698 DUNEDIN, FL 00000 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP CITY-ST-ZIP

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.

SIGNATURE:

CR2E034 (11/98)