

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 # 512229

1. Corporation Name

GLUECK'S AUTO PARTS, INC.

Principal Place of Business

**4801 PREYMORE STREET
OSPREY FL 34229-5832**

Mailing Address

**4801 PREYMORE STREET
OSPREY FL 34229-5832**

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90077 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1976

4. FEI Number

59-1770322

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GLUECK, ALBERT JR.
3610 TORREY PINES WAY
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81 Name

GLUECK, ALBERT JR.

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

216 Pine Ranch East Road

83

84 City

Osprey

FL

85 Zip Code
34229

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 **Albert Glueck Jr Pres**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

28 January 99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **GLUECK, ALBERT JR.**
STREET ADDRESS **3610 TORREY PINES WAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **ST** ☐ DELETE

NAME **GLUECK, HELEN D.**
STREET ADDRESS **3610 TORREY PINES WAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ DELETE

NAME **JEFFERSON, ROBERT E.**
STREET ADDRESS **810 BENEVA ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ DELETE

NAME **GLUECK, ALBERT III**
STREET ADDRESS **3610 TORREY PINES WAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☐ DELETE

NAME **STONE, ANGELA G.**
STREET ADDRESS **331 PATTERSON AVE**
CITY-ST-ZIP **OSPREY FL**

TITLE **S** ☐ DELETE

NAME **KAUFMAN, BRANDY G.**
STREET ADDRESS **4947 OLDHAM ST**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **GLUECK, ALBERT JR.**
1.3 STREET ADDRESS **216 PINE RANCH EAST ROAD**
1.4 CITY-ST-ZIP **OSPREY, FL 34229**

2.1 TITLE **ST** ☒ Change ☐ Addition

2.2 NAME **GLUECK, HELEN D.**
2.3 STREET ADDRESS **216 PINE RANCH EAST ROAD**
2.4 CITY-ST-ZIP **OSPREY FL 34229**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **V** ☒ Change ☐ Addition

4.2 NAME **GLUECK, ALBERT III**
4.3 STREET ADDRESS **216 PINE RANCH EAST ROAD**
4.4 CITY-ST-ZIP **OSPREY FL 34229**

5.1 TITLE **S** ☒ Change ☐ Addition

5.2 NAME **STONE, ANGELA G.**
5.3 STREET ADDRESS **3610 TORREY PINES WAY**
5.4 CITY-ST-ZIP **SARASOTA FL 34238**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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: **Helen D Glueck ST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 January 99 (941) 966-5555

Date

Daytime Phone #

CR2E034 (1/98)