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Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90228 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrís

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # K69938 | | | | | |
|--|--|--|------------------------------|---------------------|---|
| 1. Corporation Name INTEGRITY AUTOMOTIVE SERVICE, INC. | | | | | |
| INTEGRI | IT AUTOMOTIVE SERVICE, | INC. | | |) abalbin nes anns sons 1916s sues leis alan didli Sieli didli Sieli didli (201 |
| | | | | | |
| Principal Place | of Rucingeo | Mailing Address | | | |
| 1 | | % CHARLES R. ELDER | | | |
| % Charles R. Elder | | | | | |
| TALLAHASSEE | | TALLAHASSEE FL 32308 | | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualifed |
| | | | | | 03/03/1989 |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 59-2933312 Not Applicable \$8.75 Additional |
| 22 2 | | 27 | | | 5. Certificate of Status Desired Fee Required |
| City & State | 9 | City & State | | | & Floation Compaign Financing \$5.00 May Bo |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 | 0 | | Personal Property Tax. |
| | 9. Name and Address of Current | t Registered Agent | | | 10. Name and Address of New Registered Agent |
| El Di | ED CHARLES D | | 81 | Name | ne i |
| ELDER, CHARLES R. 2461 GREER ROAD | | | 82 | Street | et Address (P.O. Box Number is Not Acceptable) |
| | AHASSEE FL 32308 | | | | |
| IALL | AFIAOSEE FE 32300 | | 83 | | İ |
| ĺ | | | 84 | City | 85 Zip Code |
| | | 1.007 (500 51 11 51 11 | | | FL 03 25 000 |
| 11. Pursuant office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o | 2 and 607.1508, Florida Statutes of Florida, Such change was auti | i, the above horized by t | e-named the corp | ed corporation submits this statement for the purpose of changing its registered or |
| agent. I a | m familiar with, and accept the obligat | lions of, Section 607.0505, Florid | la Statutes. | | 3-4-99 |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title it analyselvia (NOTE: P. | anistared Arrent | evanatura r | re required when reinstating) DATE |
| 12. | OFFICERS AN | _ | 13. | . arginatore . | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ELDER, CHARLES R. | | 1.2 NAME | | |
| STREET ADDRESS | 2461 GREER ROAD | | 1.3 STREET | ADDRESS | ss |
| CITY-ST-ZIP | TALLAHASSEE FL | | | -ZIP | |
| TITLE | ST | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ELDER, JOAN B. | | 2.2 NAME | | |
| STREET ADDRESS | 2461 GREER ROAD | | 2.3 STREET | ADDRESS | ss |
| CITY-ST-ZIP | TALLAHASSEE FL | | 2. 4 CITY-5 | T-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET | | SS |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY-S | T-ZIP | ☐ Change ☐ Addition |
| TITLE | | | 4.1 TITLE 4.2 NAME | | C Shares C Admini |
| NAME OTREET ARRESTO | | | | * VDDDESÇ | ee l |
| STREET ADDRESS | | | 4.3 STREET | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | <u> </u> | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | ss |
| CITY-ST-ZIP | | | 5.4 CITY-ST | r-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | ss |

6.4 CITY-ST-ZIP 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: