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 # P93000005843

1. Corporation Name

NEALEY'S REPAIR SERVICE INC

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90055 013 ***150.00

MEALET S TICKNIT SERVICE, INC.								
Principal Place of Business Mailing Address							- I { PETITENT IIN 1910N HILL ODIIL BEITH NOUT BEHAL ODIN DISA SEAL ETAND III TAND	
6917 MEDITERRANEAN RD 6917 MEDITERRANEAN RD ORLANDO FL 32822 ORLANDO FL 32822								
CHEMING TE SESSEE							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
			_				01/19/1993	
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For	
21			j				59-3157519 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22			7				ree Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			B				Trust Fund Contribution Added to Fees	
Zip	Country		ip Counti				8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax.	
	9. Name and Address of Currer	nt Regist	ered Agent		-1"		10. Name and Address of New Registered Agent	
	EV WARREN			8	1	Name		
NEALEY, WARREN					2	Street Addr	ress (P.O. Box Number is Not Acceptable)	
6917 MEDITERRANEAN RD								
ORLANDO FL 32822					3			
				8	4	City	85 Zip Code	
						•	FL 1 1 1 1 1 1 1 1 1	
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	Signature, typed or printed name of registered age	nt and title if	andicable (NOTE:	Penistered An	ent e	eignahma raduliter	od when reinstating) DATE	
12.	OFFICERS AN			13.	,0,111	signataro to quiro	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ DELETE	1.1 TITLE	1.1 TITLE		☐ Change ☐ Addition	
NAME	NEALEY, WARREN			1.2 NAME				
STREET ADDRESS	AA 47 1450/5500 1445 141 00		1.3 STREET ADDRE		ADDRESS			
i i	001 MD0 EL 00000		1.4 C					
CITY-ST-ZIP TITLE	CHEAINDO I E SECE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME			_	2.2 NAME				
Į l				2.3 STREET ADDRESS				
STREET ADORESS				2, 4 CITY, ST-ZIP				
CITY-ST-ZIP			DELETE	3.1 TITLE		-ZIF	☐ Change ☐ Addition	
			3.2 NAME			- · -		
NAME ADDRESS						ADDRESS		
STREET ADDRESS				3.4. CITY		1		
CITY-ST-ZIP			☐ DELETE	4.1 TITLE		-217	☐ Change ☐ Addition	
TITLE	_		C DELETE	4.2 NAM				
NAME	•				_			
STREET ADDRESS				4		ADDRESS		
C/TY-ST-Z/P			☐ DELETE	4.4 CITY-		<u> </u>	☐ Change ☐ Addition	
TITLE				5.1 TITLE 5.2 NAMI			La stratige Tradition	
NAME						ADDRESS		
STREET ADDRESS								
CITY-ST-ZIP				5.4 CITY- 6.1 TITLE		-217	☐ Change ☐ Addition	
TITLE			☐ DELETE				□ Citalige □ Addition	
NAME				6.2 NAME				
STREET ADDRESS	20 17.00					ADDRESS		
CITY-ST-ZIP	-37-47-34CC			6.4 CITY	·ST·	- ZIP	Cartier 440 07/00/1) Florida Challeton 1 forther contifue that the information	

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 of 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.