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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087290 (9)

BAILEY'S TRANSMISSIONS & AUTOMOTIVE INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									18841687 118 18161 81131 88 117 88111 8	8111 BUIDI 1871	/ 10314 HOTO H	0111 9011 10 0 1	
211 32ND AVENUE WEST BRADENTON FL 34205				211 32ND AVENUE WEST Bradenton FL 34205						DO NOT WRIT	E IN THIS:	SPACE	
•										3. Date Incorporated or Qualified			
	 			T =						11/14/1995			
2. Principal Place of Business					2a. Mailing Address					4. FEI Number			Applied For
21 Suite April # etc				26]	26]					65-0619910			lot Applicable
22					Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State					City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country			У		Zip Country					8. This corporation owes or has p	aid the cu	rent year Ir	ntangible
24	25 29				30				Personal Property Tax due June 30. Yes No				
	9, Name	and Addre	ss of Current	Regis	tered Agent					10. Name and Address of New R	egistered	Agent	
GO	ODWIN, W	ILLIAM G					81	Name					1
	32ND AVI					82	Street	et Address (P.O. Box Number is Not Acceptable)					
BR/	ADENTON	FL 34205					83						
								0':-				75-17-5	6-4-
							84	- "			FL.		Code
11. Pursuant office or re agent. I a	to the provis egistered aç m familiar wi	ions of Sect jent, or both th, and acc	lions 607.0502 n, in the State o lept the obligat	and 6 f Florid ons of	07.1508, Florid da. Such chang l, Section 607.0	la Statutes, i ge was auth 0505, Florida	the above orized by a Statute	e-named / the corp s.	corpor poration	ration submits this statement for the n's board of directors. I hereby acci	purpose o	changing ointment a	its registered is registered
SIGNATURE										· · · · · · · · · · · · · · · · · · ·			
12.	Signature, lyped		of registered agent			(NOTE: He	13.	ent aignature	e tednikeg	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	DS IN 12
TITLE	PSTD		TTOLING AND	Dini	DEL	FTF	1.1 TITLE		1	ADDITIONS/CHANGES TO OFF	OLING AINE	Change	
NAME		IN, WILLIA	M G				1.2 NAME						
STREET ADDRESS		H ST CT I					1.3 STREET	Annorce					
CITY-ST-ZIP	BRADEN		-				1.4 City - S						
TITLE	CI VICE	IONIE			☐ DEL	LETE	2.1 TITLE	II-ZIF	 			Change	Addition
NAME							2.2 NAME						
STREET ADDRESS							2.3 STREET	ADDRESS					
CITY-ST-ZIP							2. 4 City-						
TITLE					DEL	LETE	3.1 TITLE	J) - ZII	1			☐ Change	Addition
NAME							3.2 NAME						_
STREET ADDRESS							3.3 STREET	ADDRESS					
CITY-ST-ZIP							3.4. CITY-						
TITLE					☐ DEL	LETE	4.1 TITLE					☐ Change	Addition
NAME							4. 2 NAME						
STREET ADDRESS							4.3 STREET	ADDRESS					
CITY-ST-ZIP							4.4 CITY-5	T-ZIP					
TITLE					☐ DEL	LETE	5.1 TITLE					Change	Addition
NAME							5.2 NAME						ļ
STREET ADDRESS							5.3 STREET	ADDRESS		•			Į
CITY-ST-ZIP							5.4 CITY - 5	IT-ZIP					
TITLE			,		☐ DEL	LÉTÉ	6.1 TITLE		Ĭ			Change	Addition
NAME							6.2 NAME						
STREET ADDRESS							6.3 STREET	ADDRESS					į
CITY-ST-ZIP							6.4 CITY-S	T-ZIP					

14. Thereby 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 eath; 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.