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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9800047310

## FILED Jun 25, 1999 8:00 am Secretary of State

06-25-1999 90012 006 \*\*\*558.75

<ul> <li>Corporation</li> </ul>	VIEN 1 # P98000 UTOMOTIVE, INC.	04/310 \							
Principal Place	e of Rusiness	Mailing Address				1	i ildiiddi iin ipini ilii naili anili kalii an		
Principal Place of Business 641 W. 15TH ST. PANAMA CITY FL 32401		4060 S. FERDON BLVD. CRESTVIEW FL 32536							
PANAMA CITT	FL 324UF	CHESTAIEM LE 35330					DO NOT WRITE IN TH	IS SPACE	
						1	Date Incorporated or Qualifed 05/22/1998		
2. Principal Pl	lace of Business	2a. Mailing Address				FEI Number	Ap	plied For	
21		26			<u> </u>	59-35/2722		t Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 A		
22		City & State			- 0	Floring Committee Cinemater	\$5.00	<u> </u>	
City & State	e	28			"	Election Campaign Financing Trust Fund Contribution	Added t	•	
Zìp	Country	Zip	Cour	ntry		8.	This corporation owes the current year		
24	25	29 30	5	•			Personal Property Tax.	ŬYes	□No
	9. Name and Address of Curre		<u>'</u>			10.	Name and Address of New Register	ed Agent	
				81	Name				
	GS, LEON JR		ŀ	82	Street Addre	ess (P	.O. Box Number is Not Acceptable)		
	) S. Ferdon BLVD. Stview FL 32536		ļ	_					
CRE	31 VIEW PL 32330			83					
		•	Ì	84	City			85 Zip (	Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS			gistered a	Agent	signature required		einstating) DATE ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE 1.2 NAME					☐ Change	Addit Addit
NAME	DAGGS, LEON JR								
STREET ADDRESS	4060 S. FERDON BLVD.		1.3 STR		ADDRESS				
CITY-ST-ZIP	CRESTVIEW FL 32536		1.4 C/IT		ZIP			☐ Change	Addit
TITLE	VSTD	☐ DELETE	2.1 TITL					☐ change	
NAME	GREER, BRAXTON			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	2930 ROXBURGH DR. ROSWELL GA 30076		2.4 CITY-ST-ZIP						
CITY-ST-ZIP	NOONELL ON OUT			3.1 TITLE				Change	☐ Addit
NAME			3 2 NAM						
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS					
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NAME STREET ADDRESS			4		ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TIT	ΤΕ				Change	Addit Addit
NAME			6.2 NA	ME					
STREET ADDRESS		6.3 \$		STREET ADDRESS					
l	i		64 CIT	Y- ST-	.7IP				

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:** 

SIGNATURE AND TYPED OR PRINT GIVAME OF SIGNING OFFICER OR DIRECTOR

2/22/98 850-682-270 Dayling Phone #