**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000096651

STREET ADDRESS

CITY-ST-ZIP

PRODUCTION CAR CARE OF FLORIDA INC.

111000	, 11011 0/w. 0/w.E 0/ 1 E 0//							
Principal Place	e of Business	Mailing Address						
1158 PECAN C	OVE	1156 PECAN COVE						
JACKSONVILLE FL 32221 JACKSONVILLE FL 32					DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed			ı
ļ					11/12/1998		(	ı
A Director 10		2a. Mailing Address				Ap	plied For	ĺ
	lace of Business	F			1 FENERS 5 6 0 2 50		Applicable	ĺ
21		Suite, Apt. #, etc.			- J	\$8.75 A		ĺ
Suite, Apt.	#, ecc.				5. Certificate of Status Desired		quired	. 2*
22 City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be	
23	•	28			frust Fund Contribution	Added to		l
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year in:	angible		l
	25	29	30	•	Personal Property Tax.	∐Yes	No	l
24	9. Name and Address of Current		1001	[	10. Name and Address of New Registered	Agent		l
<del> </del>	3. (SE)(C pro Products 5) Collect			81 Name				
BLOCKER, SONJA				<u> </u>	in a C a the back Assessable)		-	i
1444 CESEZ BLVD				82 Street A	Address (P.O. Box Number is Not Acceptable)			l
	KSONVILLE FL 32211			83				i
]								i
				84 City	FL	85 Zip C	ioce	l
44 5	- 15 Cartions CO7 0503	and SOT 1508 Florida Statut	tae tha a	hove-pamed o	corporation submits this statement for the purpose of	changing its	registered	l
office or r agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was a ions of, Section 607.0505, Flo	authorized orida Stati	i by the corpo utes.	corporation submits this statement for the purpose of ration's board of directors. I hareby accept the appoi	nameni as re(	istered	   
SIGNATURE	Signature, typed or printed name of registered agent	und title if applicable. (NOT)	E: Registered	Agent signature re	quired when reinstaling) QATE			<u>@</u>
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF			CR2E034 (11/98)
TITLE	D	☐ DELETE	1.1 Π	TLE .		☐ Change	Addition	5
NAME	NORRIS, DAPHNE		12 N	AME				স্থ
STREET ADDRESS	1045 KNOLL COVE		135	TREET ADDRESS				一页
CITY-ST-ZIP	JACKSONVILLE FL 32221		14 C	TY-ST-ZIP				岗
TITLE	D	☐ DETELE	2.1 TI	TLE			Addition	
NAME	ROBBINS, DARLENE M		22 N			Change		ĺ
STREET ADDRESS	1.156 PECAN COVE			AME		□ censile		4
CITY-ST-ZIP	JACKSONVILLE FL 32221			TREET ADDRESS		□ ormatic		ĺ
TITLE			2.3 ST		-	<u>.                                    </u>		
NAME:	D	DELETE	2.3 ST	TREET ADDRESS	The Control of the Co	. Change	Addition	
	D	☐ DELÉTE	2.3 ST	TREET ADDRESS CITY-ST-ZIP		<u>.                                    </u>		
1	D ROBBINS, DENNIS L	☐ DELÉTE	2.3 ST 2.4 C 31 TT 32 N	TREET ADDRESS CITY-ST-ZIP		<u>.                                    </u>		
STREET ADDRESS	D ROBBINS, DENNIS L 1156 PECAN COVE	☐ DELÉTE	23 ST 2.4 C 31 TT 32 No 3.3 ST	TREET ADDRESS CITY-ST-ZIP TILE		<u>.                                    </u>	Addition	
STREET ADDRESS CITY-ST-ZIP	D ROBBINS, DENNIS L	☐ DELETE	23 ST 2.4 C 31 TT 32 No 3.3 ST	TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP		<u>.                                    </u>		
STREET ADORESS CITY-ST-ZIP TITLE	D ROBBINS, DENNIS L 1156 PECAN COVE		23 ST 2.4 C 31 TT 32 No 3.3 ST 34. C	TREET ADDRESS SITY-5T-ZIP TILE AME TREET ADDRESS SITY-5T-ZIP TILE		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ROBBINS, DENNIS L 1156 PECAN COVE		23 ST 2,4 C 31 TT 32 N 3,3 ST 34, C 4,1 TT 4,2 N	TREET ADDRESS SITY-5T-ZIP TILE AME TREET ADDRESS SITY-5T-ZIP TILE		Change	Addition	
STREET ADDRESS CITY-5T-ZP TITLE NAME STREET ADDRESS	D ROBBINS, DENNIS L 1156 PECAN COVE		23 ST 2.4 C 31 TT 32 N 3.3 ST 34. C 4.1 TT 4.2 N 4.3 ST	TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS ZIY-ST-ZIP TILE MAME TREET ADDRESS TREET ADDRESS		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, DENNIS L 1156 PECAN COVE		2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 Cl	TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS STY-ST-ZIP TILE MAKE TREET ADDRESS TITY-ST-ZIP TREET ADDRESS		Change	Addition	 
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ROBBINS, DENNIS L 1156 PECAN COVE	☐ DELETE	23 ST 2.4 C 31 TT 32 N 3.3 ST 34. C 4.1 TT 4.2 N 4.3 ST	TREET ADDRESS TITY- ST-ZIP TILE AME TREET ADDRESS TITY- ST-ZIP TILE MAKE TREET ADDRESS TITY- ST-ZIP TILE TITLE		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ROBBINS, DENNIS L 1156 PECAN COVE JACKSONVILLE FL 32221	☐ DELETE	23 S1 T1 32 N4 G2 A1 T1 A2 N A3 S1 A4 C2 S1 T1 52 N	TREET ADDRESS TITY- ST-ZIP TILE AME TREET ADDRESS TITY- ST-ZIP TILE TREET ADDRESS TITY- ST-ZIP TILE AME TREET ADDRESS		Change	Addition	
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	D ROBBINS, DENNIS L 1156 PECAN COVE JACKSONVILLE FL 32221	☐ DELETE	23 ST 2.4C 3.1 TT 3.2 N. 3.3 ST 4.C 4.1 TT 4.2 N. 4.3 ST 4.4 CL 5.1 TT 5.2 N. 5.3 ST 5	TREET ADDRESS TITY- ST-ZIP TILE AME TREET ADDRESS TITY- ST-ZIP TILE MAKE TREET ADDRESS TITY- ST-ZIP TILE TITLE		Change	Addition	
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, DENNIS L 1156 PECAN COVE JACKSONVILLE FL 32221	☐ DELETE	23 ST 2.4C 3.1 TT 3.2 N. 3.3 ST 4.C 4.1 TT 4.2 N. 4.3 ST 4.4 CL 5.1 TT 5.2 N. 5.3 ST 5	IREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE IMME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP		Change	Addition	
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	D ROBBINS, DENNIS L 1156 PECAN COVE JACKSONVILLE FL 32221	☐ DELETE	23 S1 2.4 C 31 T1 32 N. 33 S1 34. C 4.1 T1 4.2 N 4.3 S1 4.4 Cl 5.1 T1 52 N 53 S1 54 C	TREET ADDRESS TITY- ST-ZIP TITLE AME TREET ADDRESS TITY- ST-ZIP TITLE TREET ADDRESS TITY- ST-ZIP TITLE AME TREET ADDRESS TITY- ST-ZIP TITLE TREET ADDRESS TITY- ST-ZIP TITLE TREET ADDRESS TITY- ST-ZIP TITLE TREET ADDRESS		Change	Addition  Addition  Addition	

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 path; 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.

6.4 CITY-ST-ZIP

**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90157 037 \*\*\*150.00