

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073937 (2)

1. Corporation Name

PRIMA VISTA AUTO SERVICES, INC.

Principal Place of Business

815 E. PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34952

Mailing Address

815 E. PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

2. Principal Place of Business

21 492 S.W. Voltair Terrace
Suite, Apt. #, etc.

22

City & State

23 Port St. Lucie, FL

Zip

24 34984

Country

25 U.S.

2a. Mailing Address

26 492 S.W. Voltair Terrace
Suite, Apt. #, etc.

27

City & State

28 Port St. Lucie, FL

Zip

29 34984

Country

30 U.S.

4. FEI Number

59-3271817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

FARRELL, RICKEY L
1505 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

Joan Campo

82 Street Address (P.O. Box Number is Not Acceptable)

492 S.W. Voltair Terrace

83

84 City

Port St. Lucie

FL

85 Zip Code

34984

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

Joan Campo

Joan Campo

3/10/98

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

HARDISON, DONALD C

STREET ADDRESS

815 E. PRIMA VISTA BLVD.

CITY-ST-ZIP

PORT ST. LUCIE FL 34952

TITLE

D

NAME

HARDISON, JIMMY LEE

STREET ADDRESS

815 E. PRIMA VISTA BLVD.

CITY-ST-ZIP

PORT ST. LUCIE FL 34952

TITLE

☐

NAME

DELETE

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Campo, Joan

1.2 NAME

1.3 STREET ADDRESS

492 S.W. Voltair Terrace

1.4 CITY-ST-ZIP

Port St. Lucie, FL 34984

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Joan Campo

Joan Campo

3/10/98

561-879-1000

CR2E034 (10/97)