PROFIT CGRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800037741 1. Corporation Name

TIMOTHY SNELL

1360 NW24A0

OCALAF.C

AFTER HOURS GARAGE OF OCALA INC

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90005 005 ***150.00



Principal Place of Business Mailing Address) 11()(/// WIDO! (IE! 14E!	
1101 N 24TH AVE 1101 N 24TH AVE					ł				
OCALA FL 34475 OCALA FL 34475					}	DO MOT WEITT IN THE OR AT			
						DO NOT WRITE IN THIS	SPACE		
}					}	3. Date Incorporated or Qualifed		ì	
					04/23/1998				
Principal Place of Business 2a. Malling Address			., 🕊 .			4. FEI Number		Applied For	
21/10/N.w 24th are 26/10/.N.w 2			4th are			59-3311328	1	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	. سينسنه	,		5. Certificate of Status Desired	\$8.75	Additional	
22 27						9. Certificate of Status Desired	Fee F	Required	
City & Stat	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			ļ	Trust Fund Contribution Added to Fees			
Ziρ	Country	Zip	Country			8. This corporation owes the current year Intangible			
24	25	29	0 .		ţ	Personal Property Tax. ☐ Yes ☑No			
	9. Name and Address of Curren	t Registered Agent		-		10. Name and Address of New Registered	Agent		
			. 81	Nar	ne	, ·			
SNELL, ROBERT C						·			
1360 N 24TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)					
OCALA FL 34475				- -					
			83	1				Í	
			84	City			85 Zip	Code	
44 5				L		FL			
office or r	to the provisions of Sections 607.0507 registered agent, or both, in the State (2 and 607.1508, Florida Statutes, of Florida. Such change was auth	, the above norized by	e-nam the co	ed corpora	ation submits this statement for the purpose of s board of directors. I hereby accept the appo	-changing-it intment as r	ts-registered ==	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes		orporadion (a board of anticions. I hardby accept the oppo	INDICATE OF A	ogistored	
SIGNATURE								ļ	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					ure required wh	<u> </u>			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE P. US	DORRET C SNEL	L DELETE	1.1 TITLE				Change	Addition	
NAME	ROBERT C SNEL	<u>-</u> ,	1.2 NAME		l l			ł	
STREET ADDRESS 1360 10:00 27			1.3 STREET ADDRESS		SS		•	į	
CITY-ST-ZIP OCALA FL 34475			1.4 CITY-ST-ZIP		}			}	
TITLE V.P. Thomas SWELL DELETE			2.1 TITLE				☐ Change	Addition	
STREET ADDRESS SUMMERFIELD 31 34491			2.2 NAME 2.3 STREET ADDRESS		Ì				
					99			}	
				4 CITY-ST-ZIP		·		j	
TITLE See	0.000		2.4 CHY-S 3.1 TITLE				Change	Addition	
NAME	P.O BOX2154	E. Section	1				CT cuande		
· ·			3.2 NAME		l			,	
STREET ADDRESS	OCALH FL 34478		3.3 STREET	ADDRE	SS			í	

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, with all other like empowered.

6.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

41TITLE

4, 2 NAME

51 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

TITLE free

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

Change

Change

Change

☐ Addition

☐ Addition

☐ Addition