PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

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1. Corporation Name

TREASURE COAST AUTOMOTIVE, INC.

Principal Place	e of Business	Mailing Address			1	ål 114 18481 1841) BE21(##)	49191 17911 88	171 FEBRUAR 1818: B	
22 BARBER ST.	•	822 BARBER ST.			[
SEBASTIAN FL 32958		SEBASTIAN FL 32958			1	DO NOT WR	ITE IN THIS	SPACE	
	•				3 Date Ir co	rporated or Qualifed		-	
					12/28/19	· _			
6 Block 10	- CD	2a. Mailing Address			4. FEI Numb			Ap	olled For
	lace of Business	26				0897618	2	<u> </u>	t Applicable
Suite, Act.	# atc	Suite, Apt. #, etc.						\$8.75	
22	w, 6to.	27			5. Certifc.ite	of Status Desired		Fee Re	c uired
City & Stat	e	City & State	_		: - S Election C	ampaign Financing		\$5.00	May Be
23		28			I	d Contribution		Added t	c Fees
Zip	Cour try	Zip	Countr	у	8. This corpo	oration owes the cur	rent year nu	angible	
24	25	29	30		Persor al	Property Tax.		☐ Yes	[]No
	9. Name and Address of Cur	rent Registered Agent			10. Name an	d Address of New	Registered /	Agent	
			8	1 Name					
	'AS, A. CALVIN BARBER ST.		8:	2 .Street Ac d	lress (P.O. Bo» Ni	ımber is Not Accept	able)		
	STIAN FL 32958		8:	3					
-			L	<u> </u>				T1	
			84	4 City			FI	85 Zip (ode
office or r agent, i a	m familiar with, and a cept the obl	ate of Florida. Such change was ligations of, Section 607.0505, F	orida Statute	y the corporati s.					
SIGNATUF:E	Signature, typed or printed name of registered	agent and little if applicable. (NO	E: Registered Ag		ed when reinstatung)		DATE		
SIGNATUF:E	Signeture, typed or printed name of registered OFFICERS	agent and title of applicable. (NO ANL) DIRECTORS	T≝: Registered Ap	ent argnature mot an	ed when reinstatung)	S/CHANGES TO OF	DATE	D DIRECTO	ES IN 12
SIGNATUF:E	Signeture, typed or provided he me of registered OFFICERS PSD	agent and little if applicable. (NO	T≣: Registered Ag	ent agnature rac ir	ed when reinstatung)		DATE		
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14. I hereity certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and excurate 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 13 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. COLOUD LILYON A COLVIN CTULYS 4/25/99 561-388-5985