Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90124 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 220865

1. Corporation Name

ORANGE	AUTOMOTIVE INC							
Principal Place	of Business	Mailing Address				I (MREIA () BIN 11911 ABINE 1811A BINE DINE DINE	##### ##### ##########################	11811 91911 1991
1712 E DUVAL ST C/O HUGH M. ROGERS LAKE CITY FL 32055 1712 E DUVAL ST C/O HUGH M. ROGERS LAKE CITY FL 32055						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						03/03/1959 4. FEI Number	T	plied For
─ ¬ '	ace of Business	2a. Mailing Addre	ess			59-0862945	<u> </u>	t Applicable
Suite, Apt.	# etc	26 Suite, Apt. #,	etc.				\$8.75	
22	T, 610.	27				5. Certifcate of Status Desired	Fee Re	equired
City & State)	City & State		-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	· ·
Zip	Country 25	Zip	30	ountry		This corporation owes the current year In Personal Property Tax.	tangible Yes	□No
241	9. Name and Address of Currer					10. Name and Address of New Registered	Agent	
				81	Name			
SHEILDS, R.G.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
201 S 1ST ST						·		
LAKE CITY FL 32055				83				
				84		FL	_ 1 1 1	Code
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florid of Florida. Such chan itions of, Section 607.0	da Statutes, the ge was authorize 505, Florida Sta	above ed by atutes	e-named corp the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its intment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Register	ed Agen	t signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	T	□ DI	ELETE 1.1	TITLE			Change	Addition
NAME	SHIELDS, ROBERT G		1.2	NAME				
STREET ADDRESS	201 S FIRST STREET		1.3	STREE1	ADDRESS)
CITY-ST-ZIP	LAKE CITY, FL 00000			CITY-S	T-ZIP		Change	Addition
TITLE	D	L D		TMLE			Ontarigo	
NAME	ROGERS, HUGH M			NAME				
STREET ADDRESS	1712 E DUVAL STREET				ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 00000			TITLE	31-ZIP		Change	☐ Addition ·
TITLE	1			NAME				ļ
NAME STREET ADDRESS	ROBINSON, JOSEPH L. 103 OLD JAX HWY				T ADDRESS			İ
CITY-ST-ZIP	LAKE CITY FL			CITY-S	1			
TITLE	S	□ D		TITLE			☐ Change	Addition
NAME	HUCHINGSON, MARY J.		4.2	NAME				
STREET ADDRESS	883 W GRANDVIEW AVE		4.3	STREE	T ADDRESS			
CITY-ST-ZIP	LAKE CITY FL		4.4	CITY-S	T-ZIP			
TATLE	<u> </u>	G 🗌	1	TITLE			Change	☐ Addition
NAME			5.2	NAME				Į.
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			5.4	CITY-S	T-ZIP			

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 same appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: [/

TITLE

NAME

STREET ADDRESS

□ DELETE

☐ Addition