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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90162 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 246420

1. Corporation Name
DAYTONA BOLT AND NUT CO.

Principal Place of Business
**815 N BEACH ST
P.O. BOX 1391
DAYTONA BEACH FL 32114**

Mailing Address
**815 N BEACH ST
P.O. BOX 1391
DAYTONA BEACH FL 32114**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1961

4. FEI Number

59-0936027

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

9. Name and Address of Current Registered Agent

**HAWKINS, ALFRED E
121 S RIDGEWOOD AVENUE
DAYTONA BEACH FL 32014**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **V JAMES, BRUCE A**
STREET ADDRESS **131 RIVERBEACH DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE
NAME **V JAMES, DAVID A**
STREET ADDRESS **9 CROSSINGS TRAIL**
CITY-ST-ZIP **ORMOND BCH. FL**

TITLE ☒ DELETE
NAME **S JAMES, JOYCE E**
STREET ADDRESS **644 N. HALIFAX**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE
NAME **V POWELL, HAROLD**
STREET ADDRESS **2120 E. STATE RD. 40**
CITY-ST-ZIP **DELEON SPGS. FL**

TITLE ☒ DELETE
NAME **T JAMES, GARY R**
STREET ADDRESS **48 CHOCTAN TR**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ DELETE
NAME **V SCOTT, JAMES N**
STREET ADDRESS **65 S. ST. ANDREWS TERRACE**
CITY-ST-ZIP **ORMOND BCH. FL 32174**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P NORMAN L. JAMES**
1.3 STREET ADDRESS **644 N. HALIFAX DR.**
1.4 CITY-ST-ZIP **ORMOND BEACH, FL. 32176**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **S JAMES, GARY R**
5.3 STREET ADDRESS **48 CHOCTAN TR**
5.4 CITY-ST-ZIP **ORMOND BCH FL 32174**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **T JAMES, N. SCOTT**
6.3 STREET ADDRESS **65 S. ST ANDREWS TERRACE**
6.4 CITY-ST-ZIP **ORMOND BCH FL 32174**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-99

9042551873

CR2E034 (11/98)