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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # (8)249695

**FILED** Feb 10 1998 8:00am Secretary of State

GROO	M'S AUTO PARTS AND MA	ACHINE SHOP, INC.			
Principal Place of Business		Mailing Address			
INC		INC			
8614 NEBRASKA AVE.		8614 NEBRASKA AVE.		DO NOT BIDITE IN THIS COACE	
TAMPA FL 33604		TAMPA FL 33604		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				07/27/1961	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc			5 Additional
22		27		6. Certificate of Status Desired Fee	Required
City & State		City & State			<b>00</b> May Be
23 Zip	Country	<b>28</b> ] Zip	Country		ed to Fees
24	25	— ·	30	8. This corporation owes or has paid the current year Personal Property Tax due June 30.	Intangible
	g, Name and Address of Curre		30	Personal Property Tax due June 30. Yes  10. Name and Address of New Registered Agent	LJNO
E)	AGG, CHESTER		81 Name	IV.	
1005 ROCHELLE LANE			82 Street	Address (D.O. Boy Myster is Not Assertable)	
VALRICO FL 33594			Street X	Address (P.O. Box Number is Not Acceptable)	ŀ
			83		
			84 City		%= Cod=
			<i></i>	$AMVA$ FL $^{85}$	33604
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above-named	corporation submits this statement for the purpose of changin poration's board of directors. I hereby accept the appointment	g its registered
agent. I a	am familiar with, and accept the obli	gations of Section 607.0505, Flo	rida Statutes.	poration's board of offectors, it hereby accept the appointment	as registered
SIGNATURE					+
12.	Signature, typed or perited name of registered a	gest and tille if applicable (NOTE ND DIRECTORS	Registered Agent signature	The state of the s	050 10 40
TITLE	PD	DELETE	1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
NAME	FLAGG, CHESTER		1.2 NAME	Objul Nebroska Ave	Jo La Addition
STREET ADDRESS	1005 ROCHELLE LN		1.3 STREET ADDRESS	SOLT INCOME.	
CITY-ST-ZIP	VALRICO, FL 00000		1.4 CITY-ST-ZIP	78614 Nebraska Ave 74000000000000000000000000000000000000	
TITLE	D	DELFTE	2.1 TITLE	Chan	e Addition
NAME	BEN RISINGER III		2.2 NAME		
STREET ADDRESS	8518 NORTH HIGHLAND AV	Έ	2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP		
TITLE	\$DT	☐ DELETE	3.1 TITLE	☐ Chan	e Addition
NAME	BRIAN FLAGG		3.2 NAME		
STREET ADDRESS	8614 NEBRASKA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	DELETE	3.4. CITY-ST-ZIP		
TITLE NAME	DONALD FLAGG	L DELETE	41 TITLE	☐ Chan	e
	8614 NEBRASKA AVE		4. 2 NAME		İ
STREET ADDRESS CITY-ST-ZIP	TAMPA FL		4.3 STREET ADDRESS		
TITLE	I CANTEL TO LE		4.4 CITY-ST-ZIP	☐ Chang	je Addition
NAME		DELETE	■ 51 TiTl F		
		DELETE	5.1 TITLE 5.2 NAME	Chang	
STREET ADDRESS	ę.	DELETE	5.2 NAME	□ снац	
	g.	DELETE	5.2 NAME 5.3 STREET ADORESS	<b>—</b> Спалу	
STREET ADDRESS CITY-ST-ZIP TITLE	ţ.	☐ DELETE	5.2 NAME	☐ Chang	
CITY+ST-ZIP	ę.		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	ę.		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

14. Thereby 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 suppliemental 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