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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90068 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 282879

1. Corporation Name

TERRY'S AUTO SUPPLY, INC.

Principal Place of Business

524 NORTH DIXIE HIGHWAY
P.O. BOX 467
HOLLYWOOD FL 33022-7467

Mailing Address

524 NORTH DIXIE HIGHWAY
P.O. BOX 467
HOLLYWOOD FL 33022-7467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1964

4. FEI Number

59-1055276

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FINK, STEPHEN W.
14105 SHERIDAN ST.
FT. LAUDERDALE FL 33330

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CD
FINK, VIVIAN
1229 CORAL LANE
HOLLYWOOD FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
FINK, STEPHEN
14105 SHERIDAN ST
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
LEVY, THERESA
524 N DIXIE HWY
HOLLYWOOD FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD
LEVY, HOWARD
524 N DIXIE HWY
HOLLYWOOD FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
FINK, JUDY C.
14105 SHERIDAN ST.
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐

Change

☐

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐

Change

☐

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐

Change

☐

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐

Change

☐

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐

Change

☐

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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

President

Date

Daytime Phone #

01/04/99 954-922-0804

CR2E034 (11/98)