## 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 # 310317 1. Corporation Name

BOND AUTO SALES, INC.

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90091 029 \*\*\*150.00



1									
Principal Place	of Business	Mailing Address				-	FI 1881 WIBIF B		LIEST OFFICE LOSS
7901 FLORIDA A	VE	610 S BLVD							
P.O. BOX 8394		TE 100				DO NOT WRIT	C IN THIS	CDACE	
TAMPA FL 33674   US	•	TAMPA FL 33606 US				3. Date Incorporated or Qualifed	E IN THIS	SPACE	
0.5		03				10/21/1966			İ
2. Principal Pla	ice of Business	2a. Mailing Addres	SS			4 FEI Number		Ap	plied For
21		26				59-1153822		No	t Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, e	etc.					\$8.75	Additional
22	•	27				5. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & State		City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added	to Fees
Zip 24	Country ·	Zip	30	untry		<ol> <li>This corporation owes the curre Personal Property Tax.</li> </ol>	nt year Int	angible Yes	□No
24	9. Name and Address of Cur	11	1301	T	•	10 Name and Address of New R	egistered .	•	
	V			81 Name	;				
	EY,GEORGE F			82 Stree	t Addre	ss (P.O. Box Number is Not Accepta	ble)		
	FLORIDA AVE			02 0000	. Addie.	Sa (F.O. Box (Vallisor to Free Free Free Free Free Free Free Fre			
TAMP	A FL 33604			83		• •			
				84 City		<u> </u>		85 Zip	Code
							FL	.	
office or reg	o the provisions of Sections 607.0 gistered agent, or both, in the Sta a familiar with, and accept the obl	ite of Florida. Such change	e was authorized	d by the con	d corpor poration	ration submits this statement for the parties board of directors. I hereby accept	ourpose of t the appoi	changing its ntment as re	registered gistered
SIGNATURE	Tarrinar Will, and accept the co.	igations of, cooder cortos	,00,110,100						
	Ignature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	d Agent signature	required v	when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.	•	,	ADDITIONS/CHANGES TO OFF	ICERS AN		
1	PD	☐ DEL						☐ Change	☐ Addition
i i	HICKEN GEUDGE E			AMÉ					
	HICKEY,GEORGE F				-				
	610 S BLVD		· 1.3 S	TREET ADDRES	5				ļ
CITY-ST-ZIP	610 S BLVD TAMPA FL 33605		1.3 S	ITY-ST-ZIP	5			Change	Addition
CITY-ST-ZIP	610 S BLVD TAMPA FL 33605 D	□ DEL	1.3 S 1.4 C LETE 2.1 T	TITY-ST-ZIP	5			Change	Addition
CITY-ST-ZIP TITLE NAME	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V:	□ DEL	1.3 S 1.4 C LETE 2.1 T 2.2 N	ITY-ST-ZIP ITLE IAME	-1-		· • -	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	□ DEL	1.3 S 1.4 C LETE 2.1 T 2.2 N 2.3 S	CITY-ST-ZIP TTLE IAME STREET ADDRES	-1-		· • -	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V:		1.3 S 1.4 C LETE 2.1 T 2.2 N 2.3 S 2.4 C	CITY-ST-ZIP  ITLE  IAME  STREET ADDRES  CITY-ST-ZIP	-1-			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C ETE 3.1 T	CITY-ST-ZIP  ITLE  IAME  STREET ADDRES  CITY-ST-ZIP	-1-	The second secon			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD		1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C LETE 3.1 T 3.2 N	DITY-ST-ZIP TITLE  IAME STREET ADDRES CITY-ST-ZIP TITLE  IAME	6		- <b>-</b> -		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD		1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 2.ETE 3.1 T 3.2 N 3.3 S	DITY-ST-ZIP TITLE  ITME  STREET ADDRES  CITY-ST-ZIP TITLE  IAME  STREET ADDRES	6				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD		1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C ETE 3.1 T 3.2 N 3.3 S 3.4.0	CITY-ST-ZIP TITLE  IAME STREET ADDRES CITY-ST-ZIP TITLE IAME STREET ADDRES CITY-ST-ZIP	6				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	. 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C ETE 4.1 T	CITY-ST-ZIP TITLE  IAME STREET ADDRES CITY-ST-ZIP TITLE IAME STREET ADDRES CITY-ST-ZIP	6			_ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	. 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C ETE 4.1 T 4.2 P	OITY-ST-ZIP TITLE  IAME  ITREET ADDRES  ITTLE  IAME  ITTLE  IAME  ITTLE  IAME  ITTLE	S			_ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 2.5 ETE 3.1 T 3.2 N 3.3 S 3.4 C 4.2 C 4.3 S 4.4 C	OITY-ST-ZIP TITLE  LAME STREET ADDRES CITY-ST-ZIP TITLE  LAME STREET ADDRES CITY-ST-ZIP TITLE  NAME	S		- <b>-</b> -	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	. 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.2 F 4.1 T 4.2 F 4.3 S 4.4 C 6.ETE 5.1 T 5.1 T 5.1 T 5.1 T 6.5 T 6.5 T 6.5 T 6.5 T 6.5 T 7.5 T 6.5 T 7.5 T 6.5 T 7.5	OTY-ST-ZIP TITLE  IAME STREET ADDRES CITY-ST-ZIP TITLE  IAME TITLE  IAME TITLE  IAME TITLE  IAME TITLE  IAME TITLE  IAME TITLE	S			_ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	. 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N	OTY-ST-ZIP TITLE  LAME STREET ADDRES CITY-ST-ZIP TITLE  LAME STREET ADDRES CITY-ST-ZIP TITLE  NAME STREET ADDRES CITY-ST-ZIP TITLE  NAME STREET ADDRES CITY-ST-ZIP TITLE LAME LAME LAME LAME LAME LAME LAME LA	5			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	. 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 2.5 ETE 3.1 T 3.2 N 3.3 S 3.4 C 4.2 P 4.3 S 4.4 C 4.5 ETE 5.1 T 5.2 N 5.3 S	OTY-ST-ZIP TITLE LIAME STREET ADDRES CITY-ST-ZIP TITLE LIAME STREET ADDRES CITY-ST-ZIP TITLE STREET ADDRES STREET ADDRES STRY-ST-ZIP TITLE LIAME STREET ADDRES STRY-ST-ZIP TITLE LIAME STREET ADDRES STREET ADDRES STREET ADDRES	5			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	. 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 2.4 C 2.5 T 3.1 T 3.2 N 3.3 S 3.4 C 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	OTY-ST-ZIP TITLE  IAME STREET ADDRES CITY-ST-ZIP	5			☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	. 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 2.4 C 2.5 ETE 3.1 T 3.2 N 3.3 S 3.4 C 4.2 C 4.2 C 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C ETE 6.1 T	OTY-ST-ZIP TITLE  LAME STREET ADDRES CITY-ST-ZIP TITLE	5			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	610 S BLVD TAMPA FL 33605 D HICKEY, WENDY-V: 610 S BOULEVARD	☐ DEL	. 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C .ETE 3.1 T 3.2 N 3.3 S 3.4 C .ETE 4.1 T 4.2 I 4.3 S 4.4 C .ETE 5.1 T 5.2 N 5.3 S 5.4 C .ETE 6.1 T 6.2 N	OTY-ST-ZIP TITLE  IAME STREET ADDRES CITY-ST-ZIP	5			☐ Change	Addition 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:

Daytime Phone #