

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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90067 014 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 480570**

1. Corporation Name  
**HUB CITY AUTO EXCHANGE, INC.**



Principal Place of Business

620 CARR DR  
NICEVILLE FL ~~32580~~ **32578-1731**  
US

Mailing Address

620 CARR DR  
~~P.O. BOX 250~~  
NICEVILLE FL ~~32580~~ **32578-1731**  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/15/1975**

4. FEI Number

**59-1612280**

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 **620 - Carr Dr.**

2a. Mailing Address

26 **620-CARR DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Niceville, FL. U.S.**

City & State

28 **Niceville, FL.**

Zip Country

Zip Country

24 **32578-**

25

29 **32578-1731**

30

**U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGER, HOWARD

620 CARR DR

~~P.O. BOX 250~~

NICEVILLE FL ~~32580~~ **32578-1731**

81 Name **SAME as Printed**

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

**620 - Carr DR.**

83

84 City **Niceville,**

**FL**

85 Zip Code

**32578-1731**

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 **Howard Minger**

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

(NOTE: Registered Agent signature required when reinstating)

**4-7-99**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STV	INGER, HOWARD	620 CARR DR	NICEVILLE FL	<input type="checkbox"/>	1.2 NAME	
CPD	INGER, MYRTICE	620 CARR DR	NICEVILLE FL	<input type="checkbox"/>	1.3 STREET ADDRESS	
				<input type="checkbox"/>	1.4 CITY-ST-ZIP	
				<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>	2.2 NAME	
				<input type="checkbox"/>	2.3 STREET ADDRESS	
				<input type="checkbox"/>	2.4 CITY-ST-ZIP	
				<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>	3.2 NAME	
				<input type="checkbox"/>	3.3 STREET ADDRESS	
				<input type="checkbox"/>	3.4 CITY-ST-ZIP	
				<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>	4.2 NAME	
				<input type="checkbox"/>	4.3 STREET ADDRESS	
				<input type="checkbox"/>	4.4 CITY-ST-ZIP	
				<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>	5.2 NAME	
				<input type="checkbox"/>	5.3 STREET ADDRESS	
				<input type="checkbox"/>	5.4 CITY-ST-ZIP	
				<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>	6.2 NAME	
				<input type="checkbox"/>	6.3 STREET ADDRESS	
				<input type="checkbox"/>	6.4 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Howard Minger** **4-7-99** **850-678-3229**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/98)