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 # 484893 1. Corporation Name

JIMMIE LANG AUTO SERVICES, INC.

Prir	icipa	ıl Plac	e of	Busine
874	NW	27TH	AVE	

Mailing Address

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90079 037 ***150.00



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804 NW 27TH AVE OCALA FL 34475	804 NW 27TH AVE OCALA FL 34475	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed			
2. Principal Place of Business	2a. Mailing Address	09/24/1975 · Applied For 4. FEI Number Applied For			
r1	26	59-1626433 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country 25	Zip Co 29 30	untry 8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Curr	ent Registered Agent	10. Name and Address of New Registered Agent			
LANG, JAMES R		81 Name			
804 NW 27TH AVENUE OCALA FL 34475		2 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 applicab	le (NOTE: Re	ngistered Agent signature re	ecuired when reinstatum)	DATE	
12.	OFFICERS AND DIRECTOR:	Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Ρ	DELETE	1.1 TITLE	P	Change	Addition
NAME	LANG, JAMES A CANG, BURELLE	,	1.2 NAME			
STREET ADDRESS	804 NW 27TH AVE		1.3 STREET ADDRESS	LANG, BURWELLR 804 NW 27 1- AVE		
CITY-ST-ZIP	OCALA FL		1.4 CITY+ST-ZIP	OCALA, FL		
TITLE	V	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	LANG, BURWELL R		2.2 NAME			
STREET ADDRESS	804 NW 27TH AVE		2.3 STREET ADDRESS			~
CITY-ST-ZIP	OCALA FL		2. 4 CITY-ST-ZIP		-	
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME		i	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS		ľ	6.3 STREET ADDRESS			
CITY-ST-ZIP		115 6 4	6.4 CITY-ST-ZIP	. O: "440 07(0)") Fly it. O. http://		

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 emplemental 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 of the pecipier 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 charged or on an appear with an address, with all other like empowered. indicated on this annual report or so officer or director of the corporation Block 12 or Block 13 if changed or

SIGNATURE: