

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90072 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 510827

1. Corporation Name
AUTOMOTIVE DISCOUNT STORES INC.

Principal Place of Business
**2130 CENTRAL AVENUE
ST. PETERSBURG FL 33712
US**

Mailing Address
**2130 CENTRAL AVENUE
ST. PETERSBURG FL 33712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1976

4. FEI Number

59-1688344

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 **2063 1st Ave So**

2a. Mailing Address

26 **2063 1st Ave So**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **St Petersburg FL**

City & State

28 **St Petersburg FL**

Zip

24 **33712** 25 **USA**

Zip

29 **33712** 30 **USA**

9. Name and Address of Current Registered Agent

**PETERS, RAYMOND JOHN
38701 BALTIMORE AVENUE
CRYSTAL SPRINGS, FL
CITRA FL 33524**

10. Name and Address of New Registered Agent

81 Name **EDWARD RAYMOND PETERS.**
82 Street Address (P.O. Box Numbers Not Acceptable)
2200 34th Ave No
83
84 City **ST PETERSBURG** FL 85 Zip Code **33713**

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	P	<input type="checkbox"/> DELETE
NAME	PETERS, RAYMOND J.	
STREET ADDRESS	38701 BALTIMORE AVE	
CITY-STATE-ZIP	CRYSTAL SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETERS, MADELEINE L.	
STREET ADDRESS	38701 BALTIMORE AVE	
CITY-STATE-ZIP	CRYSTAL SPRINGS FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	PETERS, EDWARD R.	
STREET ADDRESS	2200 34TH AVENUE NO.	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRES EDWARD RAYMOND PETERS
1.3 STREET ADDRESS	2200 34th Ave No
1.4 CITY-STATE-ZIP	ST PETERSBURG FL 33713
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V PRES, SECRETRES MADELEINE L. PETERS
2.3 STREET ADDRESS	10600 14th ST APT 904
2.4 CITY-STATE-ZIP	ST PETERSBURG FL 33706
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: **Edward R. Peters**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 827-821-2030

CR2E034 (1/98)