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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Secretary of State

## Apr 15 1998 8:00am Sandra B. Mortham Secretary of State

**FILED** 

<u> </u>	1998	DIVISION OF	COHPORA	HONS			
DOCUMENT # 545185 (1)							
J&J]	truck garage, wreck	EK SERVICE, INC.			) (83)41 4161 4174 8178 1040 1040 1014 4174 4174 4174 4174 4174		
Principal Plac	e of Business	Mailing Address			I HODIEL BITLE GYBEL BYAN (1961 1919) BYAN BIRIN GIELL BLAN DIDIY BYEN BYEN EARL		
5102 40TH STREET 5102 40TH STREET							
TAMPA FL 33	%10-5204	TAMPA FL 33610-5204			DO NOT WRITE IN THIS SPACE		
ļ					3. Date Incorporated or Qualified	╗	
O Dringing D	lace of Business	2a, Mailing Address			09/14/1977 4. FEI Number   Applied For	4	
2. Filincipal F	idde di bushipss	2a. Mailing Address			59-1766418 Not Applied For	e	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	٦	
22	· · · · · · · · · · · · · · · · · · ·	27			Fee Required	_	
City & Stat	e	City & State			B. Election Campaign Financing     Trust Fund Contribution     Added to Fees	İ	
Zip	Country Zip Cou		try	S. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June 30.  Yes No		
	g, Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered Agent	7	
	NTRELL, RONALD		[ ]	Name		- [	
	02 40TH STREET		To the state of th	2 Street A	Address (P.O. Box Number is Not Acceptable)	7	
i iA	MPA FL 33810		Te	13		$\dashv$	
ļ			-	4 City	as Zip Code	4	
{			Ī	1	FL		
11, Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statuate of Florida Statu	utes, the abo	ove-named of by the corp	corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered	П	
agent. I a	irn familiar with, and accept the ob-	ligations of Section 607,0505, F	Florida Statu	tes.			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NC	OTE: Registered	Agent signatura i	required when reinstating) DATE	6	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1000	
TITLE	PD	☐ DELETE 1		1	Change Addition	)   <u>=</u>	
NAME STREET ADDRESS	CANTRELL, RONALD 5102 40TH STREET		1.2 NAM	EET ADORESS		3	
CITY-ST-ZIP	TAMPA FL			-ST-ZIP		Š	
TITLE	SD	☐ DELETE	2 1 TITL		Change Addition	<u>، ا</u> ت	
NAME	CANTRELL, ESTHER		2.2 NAN	ie )		Ì	
STREET ADDRESS	5102 40TH STREET		2.3 STR	ET ADDRESS		- [	
CITY-ST-ZIP	TAMPA FL	□ DELETE		r-St-ZIP	Change Addition	$\perp$	
TITLE NAME	VP Cantrell, Linda		3.1 TITU 3.2 NAM		Change Addition	.	
STREET ADDRESS	and the same and t			EET ADDRESS			
CITY-ST-ZIP	TAMPA FL		•	Y-ST-ZIP		1	
TITLE		☐ DELETE	41 TITL	E	☐ Change ☐ Addition	a	
NAME			4. 2 NA)	ŀ			
STREET ADDRESS			- 6	EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TIYL	-ST-ZIP	Change Addition	-	
NAME	•	E DECENT	5.1 THE 5.2 NAM	- 1	: : : : : : : : : : : : : : : : : : :		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		╝	
TITLE		DELETE	61 TITL		☐ Change ☐ Addition	1	
NAME			6.2 NAM	,		ļ	
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP	certify that the information supplied	with this filing does not qualify		-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	$\dashv$	
1 14, 10,000				,		- 1	

rt 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 oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in