PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 556449

AYERS AUTO AIR AND MUFFLER CITY OF ST. PETERSBUR G. INC. Principal Place of Business Mailing Address 1102 N ROME AVE 1102 N ROME AVE TAMPA FL 33607 TAMPA FL 33607 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 12/30/1977 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1810444 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year intangiple Country □ No Personal Property Tax. 30 24 25 29 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Ayers 1102 N ROME AVE **TAMPA FL 33607** 83 85 Zio Code City <u>AMPA</u> 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 egent, 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 CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition | DELETE TOTE 1.2 NAME AYERS, ALVIN NALE 7304 EGYPT LAKE DR. 1.3 STREET ADDRESS STREET ADDRES TAMPA, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 21 MLE TILE GPOA-MRGINIA KENNEDY-NAME 11108 CHURCH DR 2.3 STREET ADDRESS STREET ACCRES **FIVERVIEW FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Chance ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADORES 3.4, CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRES 5.4 CITY-ST-ZIP CITY-ST-ZP 6.1 TITLE Change ☐ Addition DELETE TILE 6.2 NAME

CITY-ST-ZIP, \$65 TO SEE 254 TV. 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.

6.3 STREET ACCRESS

6.4 CITY-ST-ZP

CI	GN	IΑ	T	10	┏.
3				ıĸ	

STREET ADDRESS N 100 miles

SIQUATI	JOERE	QUII	RED
E AND TVOCD OF BOXIFED	NAME OF GROOMS OF	SELECTO OF DID	AFCTOR.

3-15-99

FILED

Secretary of State

03-16-1999 90116 038 ***150 00

Mar 16, 1999 8:00 am