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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 562692

STREET ADDRESS

CITY-ST-ZIP

| ACE TIRE & AUTO SERVICE, INC. | | | | | • | | |
|--|---|-----------------------------|---------------------------------------|---|--|----------------------|--|
| THE WASTO DETITION, INC. | | | | |) (\$210) 011/0 0/1/0 118/0 41/10 1010 119/0 010/0 41/10 119/0 | HELL BLEW GLEW (200) | |
| | • | | | | | | |
| Principal Pla | ice of Business | Mailing Address | | | | | |
| 611 WEST ROBERTSON STREET 611 WEST ROBERTSON STR | | | | FT . | | | |
| BRANDON FL 33511 BRANDON FL 33511 | | | | | | | |
| | | • | | • | DO NOT WRITE IN THIS SPACE | Ē. | |
| | | | | | 3. Date Incorporated or Qualifed | £ . | |
| | | | | | 03/22/1978 | <u> </u> | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Applied For | |
| 21 26 | | | · · · · · · · · · · · · · · · · · · · | | 59-1824079 | Not Applicable | |
| Suite, Apt. #, etc. | | | | • | 5. Certificate of Status Desired 1.1 | 5 Additional | |
| City & State City & State | | | | | | Required | |
| | | | | | | 00 May Be | |
| 28 Zip Country Zip | | | Country | Trust Fund Contribution Added to Fees Country Prince Comparison owes the current year Intensible | | ed to Fees | |
| 24 | | | | Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No | | . DNa | |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | |
| 36 July 1873 | | | | | 10. Numb and Address of New Negistered Agent | • | |
| FISHER, ROGER | | | | | | | |
| 6 611 WEST ROBERTSON STREET | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | i | |
| BRANDON FL 33511 | | | 83 | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 3. 25 1.5 25 | |
| | | | | | 一 | 情情語的 | |
| | | | | 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 | | | | | | | |
| Office of | registered agent, or both, in the State of am familiar with, and accept the obligation | Florida: Such change was al | utnorized by | the corpor: | ation's board of directors. I hereby accept the appointment a | registered | |
| SIGNATURE | , | | otatatoo | • | | · . | |
| | | | | gistered Agent signature required when reinstating) DATE | | | |
| 12. | OFFICERS AND | T- 154 | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIREC | TORS IN 12 | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | Çon (1950) Çon ☐ Chan | ge | |
| NAME | FISHER, ROGER | | | | | • | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | SARASOTA FL | | 1.4 CITY-ST | r-ZiP | | | |
| TITLE | S SIGNED MACRAIS | ☐ DELETE | 2.1 TITLE | | Chan | ge | |
| NAME · | FISHER, MAGDALEN | | | 1 | | | |
| | | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | - SARASOTA-FL | | 2.4 CITY-S | T-ZIP . | | | |
| TITLE FISH | FA CACIFIC . | ☐ DELETE | 3.1 TITLE | | ☐ Chan | ge | |
| NAME | POR ETBERISCH S. TO | | 3.2 NAME | ļ | | | |
| STREET ADDRESS | \$3660 利益性。 | | 3.3 STREET | | | 16일4 2명점() | |
| TITLE | | ☐ DELETE | 3.4. CITY- S1 | T-ZIP | A CONTRACTOR OF THE STATE OF TH | 31 (£), 11 (A), | |
| | | C) DECENT | 4.1 TITLE | | ি কিন্তু কৰিব কৰিব কৰিব হৈছে । বিশ্বস্থান কৰিব কৰিব কৰিব হৈছে বিশ্বস্থান কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব | 3e → [2] Addition | |
| NAME STREET ADDRESS | | Contract Contract | 4. 2 NAME | ADDDESS | , | | |
| CITY-ST-ZIP | | | 4.3 STREET | I. | r. Er | . | |
| TITLE | | ☐ DELETE | 4.4 CITY-ST 5.1 TITLE | - ZIP | | ge | |
| NAME | } | | 5.2 NAME | | Clount | , Mudicion | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | P 1 | | 5.4 CITY-ST | | na. | 1 | |
| TITLE | Free Co. Sec. 18 | ☐ DELETE | 6.1 TITLE | | ☐ Chanc | e Addition | |
| NAME | STANCED BY CHARLES | | 6.2 NAME | . } | Ording | ,- <u></u> | |
| | | | | | | | |

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 ADDRESS 6.4 CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90027 003 ***150.00

813-689-7171