


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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90115 001 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 615164</b>					
1. Corporation Name <b>ORANGE AUTO, INC.</b>					
Principal Place of Business 1999 SE HWY 70 ARCADIA FL 34266 US			Mailing Address 1999 SE HWY 70 ARCADIA FL 34266 US		
2. Principal Place of Business 21 <b>2115 SE HWY 70</b>		2a. Mailing Address 26 <b>2115 SE HWY 70</b>		3. Date Incorporated or Qualified <b>03/23/1979</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-1892311</b>	
City & State 23 <b>Arcadia, FL</b>		City & State 28 <b>Arcadia, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>34266</b>		Zip 29 <b>34266</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>DeSoto</b>		Country 30 <b>DeSoto</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>STEVEN, THOMAS R., JR. ROUTE 7, BOX 279 ARCADIA FL 33821</b>			10. Name and Address of New Registered Agent 81 Name <b>— Same —</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2115 SE Hwy 70</b> 83 84 City <b>Arcadia</b> FL 85 Zip Code <b>34266</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	<b>STEVENS, THOMAS R. JR.</b>				
STREET ADDRESS	<b>2779 NW STEVENS STREET</b>				
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-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					
1.3 STREET ADDRESS	<b>2683 NW Stevens St.</b>				
1.4 CITY-ST-ZIP	<b>Arcadia, FL 34266</b>				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/99 941-494 1990**  
Date Daytime Phone #

CR2E034 (11/98)