

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

02-27-1999 90091 044 \*\*\*150.00

DOCUMENT # 659234

1. Corporation Name  
WILLARD MAYS AUTO SALES, INC.

Principal Place of Business  
502 N PARROTT AVE  
OKEECHOBEE FL 34972  
US

Mailing Address  
502 N PARROTT AVE  
OKEECHOBEE FL 34972  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1980

4. FEI Number

59-2132910

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

21 400 W. North Park St  
Suite, Apt. #, etc.

2a. Mailing Address

26 400 W. North Park St  
Suite, Apt. #, etc.

23 City & State

Okeechobee FL

28 City & State

Okeechobee FL

24 Zip 34972 25 Country

29 Zip 34972 30 Country

9. Name and Address of Current Registered Agent

MAYS, WILLARD  
502 N. PARROTT AVENUE  
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Willard Mays*

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  
NAME MAYS, WILLARD  
STREET ADDRESS 502 N. PARROTT AVE.  
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

TITLE VPS  
NAME MAYS, JANET  
STREET ADDRESS 502 N. PARROTT AVE.  
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Mays, Willard  
1.3 STREET ADDRESS 400 W North Park Street  
1.4 CITY-ST-ZIP Okeechobee FL 34972 ☐ Change ☐ Addition

2.1 TITLE VPS  
2.2 NAME Mays, Janet  
2.3 STREET ADDRESS 400 W North Park Street  
2.4 CITY-ST-ZIP Okeechobee FL 34972 ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Willard Mays*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99  
Date

941-763-0277  
Daytime Phone #

CR2E034 (11/98)

0518096