

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90017 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **F49498**

1. Corporation Name

**PIKE'S AUTOMOTIVE AND TRUCK REPAIR, INC.**



Principal Place of Business

3828 NW 2ND AVE  
MIAMI FL 33127

Mailing Address

3828 NW 2ND AVE  
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/09/1981**

4. FEI Number

**59-2161751**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**PIKE, MICHAEL JOHN**  
**3822 N.E. 167TH STREET**  
**N. MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name **PIKE, Michael JOHN**

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

**16107 KINGS MOOR Way**

83

84 City

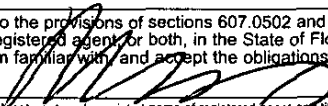
**MIAMI LAKES**

FL

85 Zip Code

**33014**

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/15/99**

12. OFFICERS AND DIRECTORS

TITLE **PSE PRESIDENT** ☐ DELETE

NAME **PIKE, MICHAEL JOHN**

STREET ADDRESS **3822 N.E. 167 STREET**

CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **V** ☐ DELETE

NAME **PIKE, VIRGINIA MARIA**

STREET ADDRESS **3822 N.E. 167 STREET**

CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **ST GINA** ☐ DELETE

NAME **GINA PIKE**

STREET ADDRESS **19401 SW 129 CT**

CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSE PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **PIKE, Michael JOHN**

1.3 STREET ADDRESS **16107 KINGS MOOR Way**

1.4 CITY-ST-ZIP **MIAMI LAKES, FL 33014**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **ST GINA**

3.3 STREET ADDRESS **19401 SW 129 CT**

3.4 CITY-ST-ZIP **MIAMI, FL 33127**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.06(1), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2nd  
trial

**7/15/99**

**305-576-0096**

CR2E034 (5/99)