PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F57331

Corporation Name

WHITESIDE PARTS & SERVICE, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90027 008 ***150.00

AAI II I MAA	DE L'AITO & SETVICE, III									
Principal Place	e of Business	Mailing Address					1181 91911 811		(811 8181 1881	
722 BROOKHAVEN DR. 722 BROOKHAVEN DR. ORLANDO FL 32803 ORLANDO FL 32803										
						DO NOT WRITE	IN THIS	SPACE		
						3. Date Incorporated or Qualifed 12/07/1981				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				59-2171023		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	1	
City & State	8	City & State				6:Election:Campaign:Financing		\$5:00	May Be	نین
23		28				Trust Fund Contribution	□	Added 1		
Zip	Country	Zip	Co	ountry		8. This corporation owes the curren	t year Inta	ngible		
24	25	29	30			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	Agent		
				81	Name					
Walker, Barry W 722 Brookhaven Dr				82	Street Addre	ss (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32803			83	***					
								85 Zip (- do	
				84	City		FL	85 Zip (Jule	
						restion submits this statement for the pu	mace of	changing its	registered	
office or n agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the obliging the section of the control of the section of the secti	e of Florida. Such change was	authon76	ed by t	-named corpo he corporation	n's board of directors. I hereby accept	the appoir	itment as re	gistered	
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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 or an attachment with an address, with all the rike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

407-898-2222