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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F70632

1. Corporation Name

BAY CITY CLUTCH REBUILDERS. INC.

Principal Place of Business Mailing Address 5005-40TH STREET 5005-40TH STREET TAMPA FL 33610-2201 TAMPA FL 33610-2201 DO NOT WRITE IN THIS SPACE	
TAMPA FL 33610-2201 TAMPA FL 33610-2201 DO NOT WRITE IN THIS SPACE	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
3. Date Incorporated or Qualifed	
03/04/1982	_
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Ap	plied For
21 26 59-2200312 No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	
City & State C Floring Comparing Financing \$6.00	May Re
23 28 Trust Fund Contribution Added t	•
Zip Country Zip Country 8. This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax.	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
FARINA, JAMES 82 Street Address (P.O. Box Number is Not Acceptable)	
13626 GREENFIELD DR	
TAMPA 33624 83	
84 City FL 85 Zip (Jode
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 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 re-	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	gistered
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	gistered
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CITY-ST-ZIP 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 an an attachment with an address, with all other like empowered.

4,4 CITY-ST-ZIP

5.3 STREET ADDRESS

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Change

Change

☐ Addition

☐ Addition