

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90120 006 ***150.00

DOCUMENT # F96000002921

1. Corporation Name

CHARLOTTE AUTOMOTIVE, INC.

Principal Place of Business

1252 TAMiami TRAIL
PT CHARLOTTE FL 33953

Mailing Address

PO BOX 719
MOLINE IL 61266-0719

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0659859

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

9. Name and Address of Current Registered Agent

STUCKER, ROBERT W
1220 E. INDUSTRIAL DR.
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name

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

1203 E. Industrial Drive

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

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 VD ☒ DELETE
NAME SHERIFF, FRANK
STREET ADDRESS 1252 TAMiami TRAIL
CITY-ST-ZIP PT CHARLOTTE FL 33953

TITLE S ☐ DELETE
NAME SLOVER, JOHN A JR
STREET ADDRESS 506 15TH ST., #600.
CITY-ST-ZIP MOLINE IL 61265

TITLE TDCP ☐ DELETE
NAME STUCKER, ROBERT W
STREET ADDRESS 1220 E. INDUSTRIAL DR.
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE VD ☐ DELETE
NAME MOORE, WENDELL
STREET ADDRESS 2751 MORTON DR
CITY-ST-ZIP EAST MOLINE IL 61244

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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
3.3 STREET ADDRESS 1203 E. Industrial Drive
3.4 CITY-ST-ZIP

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 119.07(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 in an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT W. STUCKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

407 668 0388

Daytime Phone #

CR2E034 (11/98)

0551082