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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

Secr	etary	of	State

FILED

Jan 15 1998 8:00am

DOCUMENT # G17572 (0) BILL'S AUTO REPAIR OF NICEVILLE, INC.						
DILL O	AUTO REFAIR OF MICEVIL	LE, IIVO:				
Principal Plac	e of Business	Mailing Address		•		l
% C. L. RADFORD 751 E. JOHN SIMS PARKWAY		% C. L. RADFORD 751 E. JOHN SIMS PARKWAY			DO NOT WRITE IN THIS SPACE	
NIÇEVILLE FL	. 32578	NICEVILLE FL 32578			3. Date Incorporated or Qualified	\neg
					01/05/1983	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied Fo	or
21		26			59-2273014 Not Applic	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additions	al
22		City & State			Fee Required	
City & State		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1
Ζp	Country	Zip			8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered Agent	
	DFORD, C. L.		81	Name		
	E. JOHN SIMS PARKWAY		82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
NIC	CEVILLE FL 32578		83			
			^~	,		
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statul	es, the abov	e-named cor		ered
office or r agent. I a	egistered agent, or both, in the State or familiar with, and accept the oblig	of Florida. Such change was atlons of, Section 607.0505, Fl	authorized b orida Statute	y the corpora s.	poration submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as register	ea
SIGNATURE	Signature, typed or printed name of registered age	et and lists if applicable (NOT	E Banletared Ar	ont clanatura ranu	sked when reinstating) DATE	
12.	OFFICERS AN		13.	or ognicio riqu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	DELETE	1.1 TITLE		Change Add	dition
NAME	RADFORD, C. L.		1,2 NAME			
STREET ADDRESS			1.3 STREE	T ADDRESS		
CITY - ST - ZIP	NICEVILLE FL		1.4 CITY-	ST-ZIP		200
TITLE	ALCOND ANIMA C	DELETE	2.1 TMLE		Change Add	dition
NAME	400 ODD CIDET		2.2 NAME	i	ph.	
STREET ADDRESS	NICEVILLE FL		1	T ADDRESS		
CITY-ST-ZIP TITLE	THOUSAGE I E	DELETE	2. 4 CiTY- 3.1 TiTLE	-51-21	☐ Change ☐ Ado	dition
NAME		_	3.2 NAME			
STREET ADDRESS				T ADDRESS		l
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Ado	dition
NAME			4. 2 NAMI	:		l
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY - ST - ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change	dition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		- 1
CITY - ST - ZIP		DELETE	5.4 CITY -	ST-ZIP	☐ Change ☐ Add	dition
TITLE		TT DEFEIG	6.1 TITLE		onange Aut	
NAME			6.2 NAME	T ADDRESS		
STREET ADDRESS			6.4 CITY-			
CITY-ST-ZIP	certify that the information symplied w	uth this filing does not qualify f	o.4 GHZ	otion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the informa	tion

Increase certay that the information supplied with this little does not quality for the exemption stated in section 119.07(3)(), 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:

SJZ 97 856-678-1012