

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90042 025 ***150.00

DOCUMENT # G44673

1. Corporation Name

CRYSTAL MOTOR CAR COMPANY, INC.

Principal Place of Business
**POST OFFICE BOX 1321
TAMPA FL 33601**

Mailing Address
**POST OFFICE BOX 1321
TAMPA FL 33601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1983

4. FEI Number

59-2300303

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

2. Principal Place of Business

1035 S Suncoast Blvd

2a. Mailing Address

1306 W Kennedy Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homosassa, FL

City & State

Tampa, FL

Zip Country

34423

Zip Country

33606-1849

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRASKE, STEPHEN B II
1307 WEST KENNEDY BLVD.
TAMPA FL 33606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1306 W Kennedy Blvd

83

84 City
Tampa

FL

85 Zip Code
33606-1849

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 ☐ DELETE
NAME **PD LAMB, STEVEN D.**
STREET ADDRESS **1307 W KENNEDY BLVD.**
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **FERMAN, JAMES L., JR.**
STREET ADDRESS **1307 WEST KENNEDY BLVD.**
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **STD STRASKE, STEPHEN B II**
STREET ADDRESS **1307 W KENNEDY BLVD.**
CITY-STATE-ZIP **TAMPA FL 33606**

TITLE ☐ DELETE
NAME **AS FARRIOR, PRESTON L**
STREET ADDRESS **1307 W KENNEDY BLVD**
CITY-STATE-ZIP **TAMPA FL 33606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VP James E Brakeman**
1.3 STREET ADDRESS **1306 W Kennedy Blvd**
1.4 CITY-STATE-ZIP **Tampa, FL 33606-1849**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 on an attachment with an address, with a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E Brakeman 4/22/99 (813) 251-2765

Date

Daytime Phone #

CR2E034 (11/98)

0383470