

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

DOCUMENT # G55139

1. Corporation Name

GENE'S AUTO FRAME SERVICE & REPAIRS, INC.

Principal Place of Business

3100 KENNESAW ST.
FORT MYERS FL 33916

Mailing Address

3100 KENNESAW ST.
FORT MYERS FL 33916

FILED
Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90063 033 *****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1983

4. FEI Number

59-2345738

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PARSONS, WADE H.
2161 MCGREGOR BLVD.
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

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 PD ☐ DELETE

NAME REUTER, GENE T

STREET ADDRESS 5601 BRIARCLIFF RD.

CITY-ST-ZIP FORT MYERS FL 33912

TITLE VD ☐ DELETE

NAME REUTER, YVONNE C

STREET ADDRESS 5601 BRIARCLIFF RD.

CITY-ST-ZIP FORT MYERS FL 33912

TITLE S ☐ DELETE

NAME REUTER-LAMPMAN, MISTY

STREET ADDRESS 6310 ST. ANDREWS CIR.

CITY-ST-ZIP FORT MYERS FL

TITLE T ☐ DELETE

NAME MARTIN, KIM

STREET ADDRESS 19004 MURCOTT DR. E.

CITY-ST-ZIP FORT MYERS FL

TITLE VD ☐ DELETE

NAME MARTIN, DEBORAH L

STREET ADDRESS 19004 MURCOTT DR. E.

CITY-ST-ZIP FORT MYERS FL

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

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 944-334-7427

CR2E034 (1/1/98)