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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

## **FILED** Feb 02, 1999 8:00am **Secretary of State**

## **Katherine Harris** ANNUAL REPORT Secretary of State. DIVISION OF CORPORATIONS 1999 02-02-1999 90009 048 \*\*\*158.75 DOCUMENT # G66893 1. Corporation Name RELIABLE AUTO PAINT & SUPPLIES, INC.

	<u> </u>		<del></del>		- I IMB?II? DAIA BIIIA AISAI IASIA I	<b>8168</b> 161 <b>818</b> 16 1	ATMAL MISSIA MESS	il Afbit Bibli fal
Principal Place of Business Mailing Address					·			
% JAMES A. WHEATLEY 3350 HANSON STREET								
3350-F HANSON	STREET	F Ft. Myers fl 33916 Us			DO NOT WRITE IN THIS SPACE			
FORT MYERS FL	. 33916				3. Date incorporated or Qualifed	<u> </u>		
		00			10/28/1983			
		2a. Mailing Address			4. FEI Number	. , .	/	Applied For
<b>–</b>	ace of Business	26	anning Additions		59-2338969			Not Applicat
Suite Apt # etc						D)		5 Additional
Suite, Apr. #, etc.					5. Certificate of Status Desired	· 🚧	Fee	Required
2 State	City & State	•		6. Election Campaign Financing	' п	\$5.0	May Be	
City & State		28	¬ •		Trust Fund Contribution	Adde	d to Fees	
Zip Country Zip			Country		8. This corporation owes the current year In		ntangible	
	25 29 30			Personal Property TaxYes LINo				
4	9. Name and Address of Curren		<u> </u>		10. Name and Address of New	Registered	i Agent	
			81	Name				
WHEATLEY, JAMES A.				Street Add	ress (P.O. Box Number is Not Accep	table)		
	F HANSON STREET	× ***	82	Sueer war		54.75 +(p)	<u> 245. 45115 - 81</u> 1	<u> </u>
	T MYERS FL 33916		83			被接触機能		
			<u> </u>	<u> </u>		1633 (11.23)	85 7	ip Code
		•	84	City	•	FI	L  °°  ~	p 00
75 103115 6 14		22 and 607 1508 Florida Statutes	s the abov	e-named con	poration submits this statement for the	e purpose o	of changing	its registere
11. Pursuant	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corporat	poration submits this statement for tr ion's board of directors. I hereby acc	epi the appi	Olliument as	registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607:0505, Florid	ua Statutes	<b>.</b>				
SIGNATURE.	Signature, typed or printed name of registered ag	est and title if applicable (NOTE: F	Registered Age	nt signature requir	red when reinstating)	DATE		<u> </u>
	OFFICERS A	ND DIRECTORS	13.	·· <u>-</u>	ADDITIONS/CHANGES TO C	FFICERS A		
TILE	PTD	☐ DELETE	1.1 TITLE		Alleria Con		Chang	ge 🔲 Add
	WHEATLEY, JAMES A	•	1.2 NAME		•			
NAME	3350F HANSON ST.		1.3 STREE	T ADDRESS	•	•		
STREET ADDRESS	FORT MYERS FL	•	1.4 CITY-S	ST-ZIP			<u></u>	<u> </u>
CITY-ST-ZIP	VSD	☐ DELETE	2.1 TITLE				Chan	ge ☐ Add
πīLE	l .		2.2 NAME					
NAME	WHEATLEY, LINDA			T ADDRESS				
STREET ADDRESS	3350F HANSON ST.		2, 4 CITY-		•			
CITY-ST-ZIP	FORT MYERS FL 20/2010	DELETE	3,1 TITLE				☐ Chan	nge 🔲 Ada
TITLE	AMEY, J-MES &		3.2 NAME	1				
NAME	ALEX DESCRIPTION			ET ADORESS	en e	215 <b>1</b> 2 , 1 std	: Special Section	jer ger da.
STREET ADORESS	1.98886 EF . 3 - 24	• *				4月月期		是過期
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE		*************************************	- 3125	۶ ا Char	ige : 11 🖸 Ad
TITLE	430	□ perric	1					
NAME	स्कृतिहार	1975 - 1986	4, 2 NAME					
STREET ADDRESS		e de la companya del companya de la companya del companya de la co		ET ADDRESS				
CITY-ST-ZIP	Sec. V Con	Operate	4.4 CITY-				☐ Char	nge 🗌 Ad
TITLE		· DELETE	5.1 TITLE 5.2 NAME	į.	1.00		-	
NAME			1	ET ADDRESS	***	• •		
STREET ADDRESS	nam.	•			and the second		;	1
CITY-ST-ZIP	PID		5.4 CITY- 6.1 TITLE				Cha	nge 🗀 Ac
TITLE ,	TANKET IN STANCE	☐ DELETE					_	
NAME	TOTAL PURSONS TO	*** · · · · · · · · · · · · · · · · · ·	6.2 NAME			•	•	
STREET ADDRESS	FOR BYES FO		1	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP	n Section 119.07(3)(i), Florida Statut	es I further	certify that	the informat

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