

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H64471

orporation Name
TO PLAN, INC.

Place of Business
HILLSBOROUGH AVE
FL 33610

Mailing Address
P.O. BOX 310474
TAMPA FL 33680
US

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90009 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1985	
4. FEI Number 59-2568887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent APPLE, JAMES R. 2232 EAST HILLSBOROUGH AVENUE TAMPA FL 33610	
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

I, the undersigned, being the duly authorized agent of the above-named corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS ZIP	DP APPLE, JAMES R. 2232 E. HILLSBOROUGH AVE TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		1.2 NAME	
ADDRESS ZIP		1.3 STREET ADDRESS	
ADDRESS ZIP		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		2.2 NAME	
ADDRESS ZIP		2.3 STREET ADDRESS	
ADDRESS ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		3.2 NAME	
ADDRESS ZIP		3.3 STREET ADDRESS	
ADDRESS ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		4.2 NAME	
ADDRESS ZIP		4.3 STREET ADDRESS	
ADDRESS ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		5.2 NAME	
ADDRESS ZIP		5.3 STREET ADDRESS	
ADDRESS ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		6.2 NAME	
ADDRESS ZIP		6.3 STREET ADDRESS	
ADDRESS ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE REQUIRED

(813) 238-7526

Daytime Phone #

CR2E034 (5/99)

H6447/
614202-90009-1

AUTO PLAN INC.
2232 E. HILLSBORO AVENUE
TAMPA, FL 33680

(813)238-7526

SEPTEMBER 08, 1999


DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

REFERENCE: AUTO PLAN INC. DOCUMENT # H64471
FEI # 59-2568887

TO WHOM IT MAY CONCERN:

I CALLED (850)488-9000 TODAY AND SPOKE TO STEVE IN REFERENCE TO NOT HAVING RECEIVED THE ORIGINAL 199 PROFIT CORPORATION ANNUAL REPORT. HE TOLD ME TO WRITE THIS NOTE LETTING YOU KNOW THAT OUR COMPANY NEVER RECEIVED THE ORIGINAL OR FIRST FILING PACKET. HE ALSO INSTRUCTED ME TO COMPLETE THE 2ND NOTICE FILING AND MAIL THIS IN IMMEDIATELY WITH A CHECK IN THE AMOUNT OF \$150.00.

AUTO PLAN INC.


JAMES R. APPLE,
PRESIDENT