

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

m & L Brake & Alignment, Inc.

Principal Place of Business

2609 Springhill Rd
TALLAHASSEE, FL

Mailing Address

P.O. Box 6883
TALLAHASSEE, FL
32314

2. Principal Place of Business

State, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 P.O. Box 6883

State, Apt. #, etc.

City & State

TALLA, FL

Zip

Country

29 32314

30 U.S.

3. Date Incorporated or Organized

7-1-85

4. FEI Number

59-2564596

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

J.C. O'Steen

82

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

216 W. College Ave.

83

84

Tallahassee

FL

85 Zip Code

32301

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 of the person making the change (signature and name if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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Treas.

Dorothy L. Long

P.O. Box 6883 A/A

TALLAHASSEE, FL 32314

PD

Michael F. Long

P.O. Box 6883 A/A

TALLAHASSEE, FL 32314

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information
included 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:

Dorothy L. Long

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-98

414-7801

CR2E034 (10/97)