

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90023 045 ***150.00

DOCUMENT # H82539

1. Corporation Name

GERSTMAN'S U-PULL-IT, INC.

Principal Place of Business

% BOBBY JOE GERSTMAN
1425 OLD DIXIE HIGHWAY
AUBURNDALE FL 33823

Mailing Address

% BOBBY JOE GERSTMAN
1425 OLD DIXIE HIGHWAY
AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1985

4. FEI Number

59-2893432

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

9. Name and Address of Current Registered Agent

GERSTMAN, BOBBY JOE
1425 OLD DIXIE HIGHWAY
AUBURNDALE FL 33823

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 PTD ☐ DELETE

NAME GERSTMAN, BOBBY JOE

STREET ADDRESS RTE 2, BOX 2170

CITY-ST-ZIP AUBURNDALE FL

TITLE SD ☐ DELETE

NAME GERSTMAN, LONIE B.

STREET ADDRESS RTE 2, BOX 2170

CITY-ST-ZIP AUBURNDALE FL

TITLE D ☐ DELETE

NAME BRIAN GERSTMAN

STREET ADDRESS 1425 OLD DIXIE HWY

CITY-ST-ZIP AUBURNDALE FL 33823

TITLE D ☐ DELETE

NAME KIMBERLY LOCKE

STREET ADDRESS 1425 OLD DIXIE HWY

CITY-ST-ZIP AUBURNDALE FL 33823

TITLE D ☐ DELETE

NAME GEORGE J. GAINES

STREET ADDRESS 1425 OLD DIXIE HWY

CITY-ST-ZIP AUBURN

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:

Bobby Joe Gerstman

Date

Daytime Phone #

4-5-99 (941) 665-2727

CR2E034 (1/1/98)