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PROFIT CORPORATION ANNUÁL REPORT 1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90195 018 ***150.00

MCGHEC	GOR'S MUFFLER SHOP, IN	U.						
Principal Place	e of Business	Mailing Address			- t (EBINT) and land (Bint und interior	itt mintt didit bidti nic	II EIBH AIDH IAA	
12024 SE CTY		12024 SE CTY HWY #484						
P O BOX 2557		P O BOX 2557		DO NOT WRITE II	U TUUC CDACE			
BELLEVIEW FL 32620 BELLEVIEW		BELLEVIEW FL 32620	/IEW FL 32620		DO NOT WRITE IN THIS SPACE			٦
					3. Date Incorporated or Qualifed 02/12/1986			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For	1
21		26			59-2875671	1	Not Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22		27			J. Germonie of claude beamed	Fee l	Required	4
City & State	9 .	City & State			6. Election Campaign Financing		0 Мау Ве	1
23	·	28		<u> </u>	Trust Fund Contribution	Adde	d to Fees	-
Zip	Country	Zip	Country		8. This corporation owes the current y		□N-	
24	25	<u></u>	30		Personal Property Tax. 10. Name and Address of New Regis	Yes	□No	4
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Regi	Steren Wann		-
MYE	RS, LEWIS O.		"	INAIIIC				
	N.E. 2ND ST.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	LA FL 32670		83		· · · · · · · · · · · · · · · · · · ·			-
. OUA	ALA I E SEO/ O		63		-•			
			84	City		FL 85 Zi	o Code	
		- 1007			pration submits this statement for the purpose of directors. I hereby accept the	acc of changing	ite registered	-
	egistered agent, or both, in the State of m familiar with, and accept the obligat				n's board of directors. I hereby accept the	e appointment as	registered	
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agen		Registered Agent	t signature required	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE		l (a
12.	OFFICERS AN	D DIRECTORS	Registered Agent		when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT		11/08)
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP