

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 JUL 29 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011833

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # J07133 (8)

1. Corporation Name
S & S MOTORS OF CENTRAL FLA. INC.

Principal Place of Business
4888 W. COLONIAL DR.
ORLANDO FL 32808
US

Mailing Address
160 OBRIAN RD
FERN PARK FL 32730
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1986

4. FEI Number
59-2655415

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

2. Principal Place of Business
21 936 S O B TRAIL
Suite, Apt. #, etc.
22 City & State
23 APOKA FL
Zip 32703 Country
24 32703 25 26 936 S.O.B. TRAIL
Suite, Apt. #, etc.
27 City & State
28 APOKA FL
Zip 32703 Country
29 32703 30

9. Name and Address of Current Registered Agent

SMITH, JAMES S.
4806 W. COLONIAL DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name
SMITH, JAMES S.
82 Street Address (P.O. Box Number Is Not Acceptable)
936 SOUTH ORANGE BLOSSOM TRAIL
83
84 City
APOKA FL 85 Zip Code
32703

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. 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)

4/21/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SMITH, JAMES S.	4888 W. COLONIAL DR.	ORLANDO FL	<input type="checkbox"/>
VST	SMITH, JERRY S.	1528 PICKWOOD AVE	FERN PARK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	SMITH, JAMES S.	936 SOUTH ORANGE BLOSSOM TRAIL	APOKA, FL 32703	<input type="checkbox"/>	<input type="checkbox"/>
VST	SMITH, JERRY S.	936 SOUTH ORANGE BLOSSOM TRAIL	APOKA, FL 32703	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE REQUIRED

7/21/98

CR2E034 (5/98)