

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

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90008 015 \*\*\*150.00

0088617

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J09643**

1. Corporation Name

**ECONOMY SALES AND SERVICE, INC.**



Principal Place of Business <b>% ROBERT M. BADER</b> <b>22232 WESTCHESTER BOULEVARD</b> <b>PORT CHARLOTTE FL 33952</b>	Mailing Address <b>23115 FOSTER AVE</b> <b>22232 WESTCHESTER BOULEVARD</b> <b>CHARLOTTE HARBOR FL 33980</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/17/1986**

4. FEI Number

**59-2682121**

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.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BADER, ROBERT M.**  
**22232 WESTCHESTER BOULEVARD**  
**POST OFFICE BOX 3551**  
**PORT CHARLOTTE FL 33952**

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	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KISH, LENA</b>	
STREET ADDRESS	<b>22751 BAYSHORE RD</b>	
CITY-ST-ZIP	<b>CHARLOTTE HARBOR FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>AUCOMPAUGH, ELLANORE</b>	
STREET ADDRESS	<b>3096 BROADPOINT DR.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARBER, JEFFREY</b>	
STREET ADDRESS	<b>456 GRIFFITH ST.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>LASSEY, VIRGINIA</b></del>	
STREET ADDRESS	<del><b>29345 PINE VILLA CR</b></del>	
CITY-ST-ZIP	<del><b>PUNTA GORDA FL</b></del>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WARRAM, BRUCE</b>	
STREET ADDRESS	<b>1502 DORCHESTER STREET</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VD</b> <b>Tonja Warram</b>
4.3 STREET ADDRESS	<b>149 Northshore Terr.</b>
4.4 CITY-ST-ZIP	<b>Charlotte Harbor, FL 33980</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>P</b> <b>Warram, Bruce</b>
5.3 STREET ADDRESS	<b>149 Northshore Terr.</b>
5.4 CITY-ST-ZIP	<b>Charlotte Harbor, FL 33980</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-7-99 941-625-2906**

CR2E034 (5/99)

591109-90008-15  
J09643

Economy Sales and Service, Inc.  
23115 Foster Ave.  
Charlotte Harbor, Fl. 33980  
(941)625-2906 Fax (941)625-2500

July 7, 1999

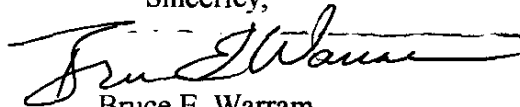
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To whom this may concern,

Ref: Profit Corporation Annual Report  
Document# J09643  
FEI # 59-2682121

As this Corporate Report has always been payed in a timely Manner in the past, would you please consider abating the Penalty on this matter? We must apoligize for this being Unpaid. This was indeed a result of a mismanagement of Funds by an ex-employee. I am responsible for this mis-Management and at this time the matter is being corrected. We would really appreciate any help and cooperation from You regarding this matter.

Sincerley,



Bruce E. Warram  
President

BEW/tw  
Enclosure  
One Check