Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90060 048 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J43373**

1. Corporation Name

READY ROAD REPAIR, INC.

Principal Place	e of Business	Mailing Address			:::: BIBIT GERT BIBIT BIBIT BIBIT BIBIT
2741 SW 36TH ST		P O BOX 956			
FT. LAUDERDAL	=	DANIA FL 33004		'	
US		US		DO NOT WRITE	IN THIS SPACE
				 Date Incorporated or Qualifed 11/17/1986 	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2735870	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
22		27		5. Certificate of Cizino Besines	Fee Required
City & State	е	City & State	· · · ·	6. Election Campaign Financing	¬ \$5.00 May Be ∤
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current	
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	Istered Agent
CILIC	DODDY		81 Name		
SIMS, BOBBY			82 Street Ad	dress (P.O. Box Number is Not Acceptable	1)
40 S.W. 4TH STREET					· .
DAN	IA FL 33004		83	1	ì
			84 City		85 Zip Code
					FL 5 5 5 5 5 5 5 5 5
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	norized by the corpora	orporation submits this statement for the puration's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE					
	Classical based or maintened page	t and title if applicable (NOTE: R	tenistered Agent signature zeg	uired when reinstating)	DATE
	Signature, typed or printed name of registered agen		tegistered Agent algnature req		
12.	OFFICERS AN	t and title if applicable. (NOTE: R D DIRECTORS	13.	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	
12. TITLE	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE		ERS AND DIRECTORS IN 12
12. TITLE NAME	PD SIMS, BOBBY	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD SIMS, BOBBY 40 S.W. 4TH STREET	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS IN 12
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SIMS, BOBBY 40 S.W. 4TH STREET DANIA FL STD SIMS, EMILY	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		ERS AND DIRECTORS IN 12 Change Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

A E CENTLY SIMS

04/06/99

954/321-9661