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

Mailing Address

UNIT 1

4336 TAMIAMI TRAIL

DOCUMENT # J53117 1. Corporation Name

TIME MOTOR SALES, INC.

Principal Place of Business

4336 TAMIAMI TRAIL

UNIT 1

CHARLOTTE HARBOR FL 33980-2122		CHARLOTTE HARBOR FL 33980-2122				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
0.01					01/14/1987				
	Place of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number	TI	Applied For	
21		26	26			59-2757334	Not Applicable		
Suite, Apt	i. #, etc.	Suite, Apt. #,	etc.			,		5 Additional	
22		27				5. Certifcate of Status Desired		Padditional Required	
City & Sta	ite	City & State				6. Election Campaign Financing		 	
23		28				Trust Fund Contribution		May Be	
Zip	Country	Zip	C	Country		8. This corporation owes the current year I		u to rees	
24	25	29	30			Personal Property Tax.	Intangible ☐ Yes	No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
011	10. FA = F. F.			81	Name	The second secon	n Wann		
CHARLES E. FLEEMAN				· · · · · · · · · · · · · · · · · · ·					
4336 TAMIAMI TRAIL				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
UNIT 1				83					
CHARLOTTE HARBOR FL 33950									
				84	City		. 85 Zip	o Code	
11 Dureuant	to the provisions of Costing 207 or			_ _		Fi			
office or i	registered agent, or both, in the State	>02 and 607.1508, Florida	3 Statutes, the	above	-named co	orporation submits this statement for the purpose cation's board of directors. I hereby accept the apport	of changing if	ts registered	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.05	i05, Florida St	atutes.	ne corpora	ation's board or directors. I hereby accept the appoint	ointment as r	registered	
SIGNATURE						1			
	Signature, typed or printed name of registered ag		(NOTE: Register	red Agent	signature requ	uired when reinstating) DATE			
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	PST DELETE		ETE 1.1	1.1 TITLE			Change		
NAME	FLEEMAN, CHARLES E.			1.2 NAME			₋ .	<u> </u>	
STREET ADDRESS	s 1468 PUŁASKI ST.			1.3 STREET ADDRESS		·		i	
CITY-ST-ZIP	PT. CHARLOTTE FL			CITY-ST-					
TITLE		☐ DELI		TITLE	21			F*** A 1 P/r*	
NAME							☐ Change	Addition	

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

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☐ DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

4. 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 ambde 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 of trusted ambowered 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 anachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

IGNATURE:

STREET ADDRESS

STREET ADDRESS

TREET ADDRESS

TREET ADDRESS

TREET ADDRESS

TY-ST-ZIP

ITY-ST-ZIP

TTY-ST-ZIP

ITY-ST-ZIP

CITY-ST-ZIP

TITLE

VAME

TITLE

IAME

ITLE

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GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 941- 629-2246

☐ Change

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FILED

Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90085 013 ***150.00

Addition

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