

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90115 015 ***150.00

DOCUMENT # J59074

1. Corporation Name

B & M SUNCOAST AUTO CENTER, INC.

Principal Place of Business

500 S. BROAD ST
BROOKSVILLE FL 34601
US

Mailing Address

500 S. BROAD ST
BROOKSVILLE FL 34601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1987

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2773462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HIBBERT, HAROLD
500 S BROAD ST
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81

Name

David Hibbert

82

Street Address (P.O. Box Number is Not Acceptable)

500 S. Broad St.

83

City

State

Zip Code

FL

34601

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

David Hibbert V.P. David Hibbert

3-19-99

Signature, typed or printed name of registered agent and title (Inapplicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HIBBERT, HAROLD

STREET ADDRESS 2654 WATERFALL DR

CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE

NAME HIBBERT, MILDRED

STREET ADDRESS 2654 WATERFALL DR

CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE

NAME HIBBERT, DAVID

STREET ADDRESS 13289 PINELLAS AVE.

CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE

NAME HIBBERT, LINDA

STREET ADDRESS 13289 PINELLAS AVE.

CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME P

1.3 STREET ADDRESS President

1.4 CITY-ST-ZIP HAROLD Hibbert

2.1 TITLE T ☒ Change ☐ Addition

2.2 NAME Treasurer

2.3 STREET ADDRESS Mildred Hibbert

2.4 CITY-ST-ZIP 16803 Brookridge Blvd

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

David Hibbert 3-19-99 352-496-9855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)