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).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J64359

ACTION 4-WHEEL DRIVE CENTER, INC.

FILED Jul 27, 1999 8:00 am Secretary of State 07-27-1999 90022 019 ***150.00



Principal Place % CARY-MEYE 4125-B FOWLE FT MYERS FL	in st TWDY Mayers	Mailing Address % Cary Meyer 4125-B Fowler St FT Myers FL 33901		DO NOT WRITE 3. Date Incorporated or Qualified 03/23/1987	IN THIS SPACE
2. Pring al Pl	pee of Business	2a. Mailing Address		4. FEI Number	Applied For
21 //	110N 4K4 (enter	26 4125 FOW/E	cre St.	59-2806235	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. 55ts52t5 5. 5ts52	Fee Required
City & State	2 M	City & State		6. Election Campaign Financing	\$5.00 May Be
23 - PRI	rugus	28 75		Trust Fund Contribution	Added to Fees
Zip	Country	- Zip 23901 -	Country	8. This corporation owes the current	· [7]
24	25	29 5 70 30	<u> </u>	Intangible Personal Property.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
MEY	yers, judy			ane	
	5 FOWLER ST		82 Street Add	ress (P.O. Box Number is Not Acceptable	9)
	MYERD FL 33901		83		
			65		
			84 City		FL 85 Zip Code
		1.007.1500.5[<u> </u>	action as basite this statement for the pure	
office or r	to the provisions of sections 607.0502 in registered agent, or both, in the State of the familiar with, and accept the obligation in the state of the section in the sect	f Florida. Such change was auth	norized by the corporat	oration submits this statement for the purp ion's board of directors. I hereby accept t	he appointment as registered
SIGNATURE		and the same of th	- · · · · · · · · · · · · · · · · · · ·	- Lord who are investigation	DATE
		Registered Agent signature rec	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
12.	VP OFFICERS AND		1.1 TITLE	ADDITIONAL OF THE OF THE	Change Addition
TITLE	**	L DELETE	1.2 NAME		Change T vocation 2
					1 (7)
NAME	MEYERS, JUDY				F03
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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 an attachment with an address. as per conversation Centes

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