Apr 23, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **J65059**

 Corporation 	Name													
EDDIE'S	CAR CARE CENTER, INC.													
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Principal Place of Business Mailing Address								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
% EDWARD ARTHUR BROWNE % EDWARD ARTHUR BROWNE						ľ	,							
601 S EVERS ST 601 S EVERS ST									DO 11	T 14/01T	- IN TUIC	CDACE		
PLANT CITY FL 33566 PLANT CITY FL 33566								3. Date Incor			E IN THIS	SPACE		
•	· ·							04/01/19	987					
2. Principal Pl	ace of Business	2a.	Mailing Address				-	4. FEI Numbe				—	Applie	
21		26						<u>59-2779</u>	<u>558</u>					pplicable
Suite, Apt.	#, etc.	Щ	Suite, Apt. #, etc.					5. Certifcate	of Status De	sired		\$8.7	5 Addi Regui	
22		27											:`	
City & State		F	City & State					6. Election Ca		_			0 Ma	
23	O-mate:	28	7:-		``ountru				Contribution				30 10 F	
Zip	Country		Zip	30	Country			8. This corpo	ration owes Property Tax		ın year in	tangible ☐ Yes		No
24	9. Name and Address of Current	29	torod Agost	30	T			0. Name and			aistered	-		
	9. Name and Address of Current	r veals	raian waaiir		81	Name	·'	U. HUITIC UTT	, , , , , , , , , , , , , , , , , , , 					
BRO'	wne, edward arthur													
	S EVERS ST				82	Street A	Address	(P.O. Box Nu	mber is Not	Acceptat	ole)			
	NT CITY FL 33566				83	 								
					"]			,					
					84	City				•	FL	85 Z	ip Cod	le
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11. Pursuant to	to the provisions of Sections 607.0502 egistered age6t, or both, in the State o	2 and 6 of Floric	07.1508, Florida S da. Şuch change w	tatutes, the as authoria	e above zed by	e-named o the corpo	corporat oration's	board of direc	tors. I heret	y accept	the appo	intment as	regist	jistered tered
11. Pursuant i office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiazarith, and accept the oblight	2 and 6 of Floric tions of,	07.1508, Florida S da. Such change w , Section 607.0505	tatutes, the as authoria , Florida S	e above zed by statutes	e-named of the corpo	corporat oration's	board of direc	tors. I hereb	y accept	the appo	intment as	regist	jistered tered
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SIGNATURE	Signature, typed or printed name of registered agent	t and title	if applicable.	(NOTE: Registe	ered Ager			n reinstating)		4	- ACO	-(/		
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title	if applicable.	(NeTE: Registe	tered Ager			n reinstating)		-4	- ACO	ND DIREC	TORS	S IN 12
SIGNATURE 12. TITLE NAME	Signature, tyled or printed name of registered agent OFFICERS ANI D BROWNE, EDWARD ARTHUR	t and title	if applicable.	(NeTE: Registe 1. E 1.	ered Ager 13. .1 TITLE 2 NAME	nt signature re		n reinstating)		-4	- ACO	ND DIREC	TORS	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered light OFFICERS ANI D BROWNE, EDWARD ARTHUR 601 S EVERS ST	t and title	if applicable.	(NeTE: Registe 1 E 1.	13. .1 TITLE 2 NAME .3 STREET	nt signature re		n reinstating)		-4	- ACO	ND DIREC	TORS	S IN 12
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CITY-ST-ZIP1.; 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS