FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K19212

(5)

EIGHTY-EIGHT AUTO SUPPLY, INCORPORATED					
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				<u> </u>	
Principal Plac	e of Business	Mailing Address			olor alori olofi arall osall asall alors toak
8024 ALICO F	ROAD	PO BOX 7525			
83 FT. MYERS FL 33911-7525 FT. MYERS FL 33912 US					
					TE IN THIS SPACE
j us				3. Date Incorporated or Qualified	9
<u> </u>	(D)			03/28/1988	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ato	Suite, Apt. #, etc.		<u>59-2885372</u>	Not Applicable
22	#, U (C.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	a	City & State		e Flories Committee Financia	
23	~	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has a	
24	25	29 30		Personal Property Tax due Jui	·
	9. Name and Address of Currer			10. Name and Address of New I	
CA	RUTHERS, KIM		81 Name		
1			82 Street Ad	ddress (P.O. Box Number is Not Accept	S
FF	WYERS FL 33919	Eggmand eeg		Hallaw Hill	
	O*	ess Change Oly	63	1 11-21/	
	_	- (
			84 City	akeland	FL 85 Zip Code 33813
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statutes.	the above-named o	ornoration submits this statement for the	nurpose of changing its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig-	of Florida. Such change was aut	thorized by the corpo	oration's board of directors. I hereby acc	cept the appointment as registered
1	an arman with, and accept me cong.	ations of, acction 607,0303, Florid	Da Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE F	Registered Agent signature re	equired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	CARUTHERS, JOSEPH M.	į	1.2 NAME		
STREET ADDRESS	1049 EL RIO AVE.	İ	1.3 STREET ADDRESS	1514 Hallam HILL Lakelepp , FL	. Lave
CITY-ST-ZIP	FT. MYERS FL 33919		1.4 CITY-ST-ZIP	Lakelann, FL	33813
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	Lobdell, Matt		2.2 NAME		
STREET ADDRESS	8024 ALICO RD., #B3		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		J
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		l
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			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.

FILED

Apr 15 1998 8:00am

Secretary of State