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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90062 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K43655

1. Corporation Name

A&A AUTOMOTIVE & WRECKER SER INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O MICHELE A. HESS 600 OAK STREET PORT ORANGE FL 32127-1527	Mailing Address C/O MICHELE A. HESS 600 OAK STREET PORT ORANGE FL 32127-1527
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3. Date Incorporated or Qualified

11/07/1988

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number

59-2917310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$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

10. Name and Address of New Registered Agent

**HESS, MICHELE A.
600 OAK STREET #1
PT. ORANGE FL 32127**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HESS, RON	1.2 NAME	
STREET ADDRESS	600 OAK STREET #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL	1.4 CITY-ST-ZIP	
TITLE	SV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HESS, MICHELE	2.2 NAME	
STREET ADDRESS	600 OAK STREET #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HESS, TRACI	3.2 NAME	
STREET ADDRESS	600 OAK STREET #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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	
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	
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, with all other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

Date

904-256-9144

Daytime Phone #

CR2E034 (11/98)