## 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 # K49816

(7)

J & B AUTO OF PINELLAS INC.

**FILED** Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 10010111 011 91919 10101 (016] 11910	91)( <b>91911 BIB</b> 11	#1011 VI <b>#</b> 1	· PIEIC BIBL! !	IU <b>3</b> 1	
% WILLIAM I 2575 ULMERT CLEARWATER	TON RD STE 302	SUIT	2325 ULMERTON ROAD SUITE 22 CLEARWATER FL 34622 US				DO NOT WRITE IN THIS SPACE					
US							3. Date Incorporated or Qualified 12/07/1988					
<b>—</b>	Place of Business	<u> </u>	2a. Mailing Address				4. FEI Number Applied Fo 59-2920583 Not Applie					
21 Suite, Apt.	# elc	26 S	iito, Apt. #, etc.				59-2920583		60 7	5 Additio		
22		27	27				5. Certificate of Status Desired Fee Required					
City & Stat	e		City & State				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees					
Zip	Country		Zip Cou			,	This corporation owes or has paid the current year Intangible					
24	25	29	'	30	.,		Personal Property Tax due June 30. Yes No					
	g, Name and Address of Curre		ed Agent	,==-			10. Name and Address of New R		gent			
BU	ILLARD, WILLIAM H.				81	Name						
2575 ULMERTON RD STE 302					82	Street Address (P.O. Box Number is Not Acceptable)						
CLEARWATER FL 34622					83							
				L								
					84	City		FL	85	Zip Code		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	of Florida.	Such change was :	authorized	by by	the corporat	oration submits this statement for the ion's board of directors. I hereby acceptance	purpose of opt the app	changir ointmen	ig its regis i as registi	stered ered	
SIGNATURE												
	Signature, typed or printed name of registered ag			t : Reg-stered	Ago	nt signature require	ed whon reinstating)	DATE OF DO AND	DIDEO	TODO IN A		
12.	OFFICERS AND DIRECTORS  DELETE				LE		ADDITIONS/CHANGES TO OFFI	CERS AND	Chan		Addition	
NAME	BULLARD, WILLIAM H.		C OLLEGE	1,2 NA					L	<b>y</b>		
STREET ADDRESS	2575 ULMERTON RD STE 30	12				ADDRESS						
CITY-ST-ZIP	CLEARWATER FL	-		1.4 CIT		i i						
TITLE			DELETE	2.1 TIT					Chan	ge 🔲 /	Addition	
NAME				2.2 NA	ME							
STREET ADDRESS				2.3 ST	REET	ADDRESS						
CITY-ST-ZIP				2. 4 CI	TY-S	ST - ZIP						
TITLE			DELETE	3 1 TiT	LE				☐ Char	ge [_] /	Addition	
NAME				3.2 NA	ME							
STREET ADDRESS				3.3 STI	REFT	ADDRESS						
CITY-ST-ZIP			·	3.4. Ci	1Y-S	ST - ZIP						
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STREET ADDRESS						ADDRESS			,			
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FITLE			☐ DELETE	5.1 TIT				A	Chan	<sup>36</sup> <b>∕</b>	Addition	
NAME				5.2 NA						//<	-	
STREET ADDRESS						ADDRESS		*/)	7/	/ )		
CITY-ST-ZIP		· <del></del>	DELETE	5.4 CIT		1 - ZIP	40000248	///	i dhan	<u></u>	Addition	
TITLE		1 /	/ Li Deleie	61 111			-04/15/98010	141 <u>]</u> [][	5 e a a	11c [],	านบายเบา	
NAME OTRECT ADDRESS	· /	1 /	/	62 NA		*DD0400	***150,00		-			
STREET ADDRESS	· ·	II	1			ADDRESS	and Authorities (M. Charles				}	
CITY-ST-ZIP		1-1-1		6.4 CIT	Y - S	T - 2IP	0	17 0	att ab t	41		

I hereby certify that the information supplied with this filling 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 agricultary 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 of the receiver or truliee 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 allaphment with an address.