

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90007 046 ***558.75

DOCUMENT # K78333

1. Corporation Name.

Mark's Muffler One, Inc

Principal Place of Business

Mailing Address

8312 US Highway 19
Port Richey, FL
34668



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-6-89

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 6441 Woodland Lane

59-2950304

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip Country

28 New Port Richey, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 34653 30 USA

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

81 Name Tax-Ticians, Inc

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

6441 Woodland Lane

83

84 City New Port Richey

FL

85 Zip Code

34653

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 Kelly L. Drew

Kelly L. Drew

6-5-99

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 PT
NAME Mark Calautti
STREET ADDRESS 9851-113 St #109
CITY-ST-ZIP Seminole, FL 33772

☐ DELETE

1.1 TITLE PTD
1.2 NAME Mark Calautti
1.3 STREET ADDRESS 8312 US Hwy 19
1.4 CITY-ST-ZIP New Port Richey, FL 34668

☒ Change ☐ Addition

TITLE S
NAME Kitty Calautti
STREET ADDRESS 9851-113 St #109
CITY-ST-ZIP Seminole, FL 33772

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME Joseph Calautti
STREET ADDRESS 2010 Conestand Ave
CITY-ST-ZIP Brooklyn, NY

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-99

Date

(727) 846-7271

Daytime Phone #

CR2E034 (11/98)