

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90085 023 ***158.75

DOCUMENT # **K78404**

1. Corporation Name

TRI-CITY'S AUTOMOTIVE, INC.

Principal Place of Business

851 W ALFRED ST
TAVARES FL 32778

Mailing Address

851 W ALFRED ST
TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1989

4. FEI Number

59-2941607

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MAXWELL, RICHARD D.
851 W ALFRED ST
TAVARES FL 32778

10. Name and Address of New Registered Agent

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 constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MAXWELL, RICHARD D.
STREET ADDRESS 737 E ROSEWOOD LANE
CITY-ST-ZIP TAVARES FL

TITLE DS ☐ DELETE

NAME MAXWELL, LINDA E.
STREET ADDRESS 737 E ROSEWOOD LANE
CITY-ST-ZIP TAVARES FL

TITLE DT ☐ DELETE

NAME BERNIER, VELVET M
STREET ADDRESS 1309 GREENWAY AVENUE
CITY-ST-ZIP TAVARES FL

TITLE DV ☐ DELETE

NAME MAXWELL, DAVID A
STREET ADDRESS 17040 SE 252 AVENUE
CITY-ST-ZIP MATILLA FL

TITLE DV ☐ DELETE

NAME MAXWELL, RICHARD D. JR
STREET ADDRESS 401 NE 26 DRIVE
CITY-ST-ZIP WILTON MANORS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DV ☐ Change ☒ Addition

NAME Lind, Robert J.
STREET ADDRESS 1309 Greenway Ave.
CITY-ST-ZIP TAVARES FL 32778

21 TITLE DV ☐ Change ☒ Addition

NAME Maxwell, Leslie A.
STREET ADDRESS 22102 SR 46
CITY-ST-ZIP Sorrento, FL 32776

31 TITLE DV ☒ Change ☐ Addition

NAME Lind, Velvet B.
STREET ADDRESS 1309 Greenway Ave
CITY-ST-ZIP TAVARES, FL 32778

41 TITLE DV ☒ Change ☐ Addition

NAME Maxwell, David A
STREET ADDRESS 22102 SR 46
CITY-ST-ZIP Sorrento, FL 32776

51 TITLE DV ☐ Change ☒ Addition

NAME Solis, Reynaldo E.
STREET ADDRESS 603 Donnelly St.
CITY-ST-ZIP Eustis, FL 32757

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Velvet B. Lind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

352-343-2181

Telephone #

CR2E034 (11/98)