

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90082 033 ***158.75

DOCUMENT # K93977

1. Corporation Name

DELAND AUTO VILLAGE, INC.

Principal Place of Business

**319 S SPRING GARDEN AVENUE
DELAND FL 32720
US**

Mailing Address

**319 S SPRING GARDEN AVENUE
DELAND FL 32720
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1989

4. FEI Number

59-2950983

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**NEELY, JAMES E.
319 S SPRING GARDEN AVENUE
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name

DAVID M. JOHNSON

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

319 S. SPRING GARDEN AVE.

83

84 City

DELAND

FL

85 Zip Code

32720

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

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

DAVID M. JOHNSON, PRESIDENT

1-15-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STP** ☒ DELETE
NAME **NEELY, JAMES E.**
STREET ADDRESS **319 S SPRING GARDEN AVE**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **VP** ☐ DELETE
NAME **JOHNSON, DAVID**
STREET ADDRESS **33149 EVERGREEN RD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **BD, P** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **ANN-MARIE JOHNSON**
3.3 STREET ADDRESS **33149 EVERGREEN RD.**
3.4 CITY-ST-ZIP **DELAND, FL 32720**

4.1 TITLE **VP** ☐ Change ☒ Addition
4.2 NAME **JOHN T. GATTI**
4.3 STREET ADDRESS **41 ROSEDOWN BLVD.**
4.4 CITY-ST-ZIP **DEBARY, FL 32713**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

David M. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. JOHNSON, PRES. 1-15-99

Date

904-738-5406
Daytime Phone #

CR2E034 (1/98)