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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L39812

A+ AUTO SALES AND SERVICE, INC.

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



V 1100

Principal Place of Business 712 PINE ST. C/O PHIL LOVE **TAFT FL 32824** 3100 ORLEANS WAY DO NOT WRITE IN THIS SPACE APOPKA FL 32703 3. Date Incorporated or Qualified <u>12/26/1989</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2981348 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 6. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 3100 ORLEANS WAY SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 83 84 City 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 tine if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **DP**1 DELETE ___ Addition TITLE 1.1 TITLE ☐ Change LOVE, PHIL NAME 1.2 NAME \$100 ORLEANS WAY SOUTH STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ___ Addition **PONTIUS, CHARLES** NAME **2.2 NAME** 712 PINE ST. STREET ADDRESS 2.3 STREET ADDRESS TAFT FL 32824 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETÉ Channe Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DFLETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE 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.