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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L43020

1. Corporation Name

ADVANCED AUTO AIR & REPAIR, INC.

Principal Place of Business

4701 N PALAFOX ST
PENSACOLA FL 32505

Mailing Address

4701 N PALAFOX ST
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1990

4. FEI Number

59-2993775

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MURPH, KATHY H.
4701 N PALAFOX ST
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name MURPH, Timothy
82 Street Address (P.O. Box Number is Not Acceptable)
4701 N. PALAFOX

83

84 City, Pensacola

FL

85 Zip Code 32505

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 Timothy C. MURPH

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when reinstating)

DATE 1/8/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MURPH, TIMOTHY C.
STREET ADDRESS 7701 CHELLIE RD
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME MURPH, DOLLY N.
STREET ADDRESS 627 N 74TH AVE
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME MURPH, KATHY H.
STREET ADDRESS 7701 CHELLIE RD
CITY-ST-ZIP PENSACOLA FL

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 P ☒ Change ☐ Addition
1.2 NAME MURPH, Timothy C.
1.3 STREET ADDRESS 4701 N. PALAFOX
1.4 CITY-ST-ZIP PENSACOLA, FL.

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME MURPH, Dolly N.
2.3 STREET ADDRESS 627 N. 74th AVE
2.4 CITY-ST-ZIP PENSACOLA, FL.

3.1 TITLE Y ☒ Change ☐ Addition
3.2 NAME MURPH, Kathy
3.3 STREET ADDRESS 7701 chelle RD
3.4 CITY-ST-ZIP PENSACOLA, FL.

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

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:

Signature and typed or printed name of signing officer or director Timothy C. MURPH

DATE 1/8/99

Daytime Phone # 850 432 4083

CR2E034 (11/98)