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

DOCUMENT	#	1 45991
1. Corporation Name		000 !

PREMIER MOTORS, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90029 024 ***150.00



	, ,							
Principal Place	of Business	Mailing Address			((00)(0)) and 0) and 0)	. M. 181 . 181 . 1814 . 1816 . 1		,011 01011 1001
2202 N. MAIN ST. GAINESVILLE FL 32609 2202 N. MAIN ST. GAINESVILLE FL 32609		DO NOT WR	DO NOT WRITE IN THIS SPACE					
					 Date Incorporated or Qualifed 01/30/1990 	ī		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	_	Apı	plied For
21 /7	103 N. Mainst _	26			59-2999631		No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
City & State	nesuille, Fl	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip 22 6	Country	Zip	Country	1	This corporation owes the cur Personal Property Tax.	· -	gible] Yes	CIKNo
	9. Name and Address of Current				10. Name and Address of New	Registered Ag	ent	
			81	Name				
INDIANOS, JAMES L. 2202 N. MAIN ST.		82	82 Street Address (P.O. Box Number is Not Acceptable)					
GAIN	ESVILLE FL 32609		83					
			84			FL	85 Zip 0	
office or R	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change was aut	horized by	the corpo	corporation submits this statement for the oration's board of directors. I hereby acce	a purpose of cha pt the appointn	anging its nent as req	registered jistered
SIGNATURE			- 14			DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	nt signature i	required when reinstating) ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE		0.0		Change	Addition
NAME	INDIANOS, JAMES L.	<u></u>	1.2 NAME		Indianos, James L 6218 SW 374 Way	,		
STREET ADDRESS	2202 N. MAIN ST.		1.3 STREE	TADORESS	6218 360 37 607			
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-S	T- ZIP	Gainesville, FL 3	<u> 2608 </u>	=	
TITLE		☐ DELETE	2.1 TITLE			L	Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			7.0/	T Addition
πιε		□ DELETE	3.1 TITLE			Į.]] Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY+ST-ZIP			3.4. CITY-5	ST-ZIP			70	
TITLE		☐ DEFELE	4.1 TITLE			F	_ Change	Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				

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 of the corporation of the corporatio

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED James Indianos

352-372-6999

Change

Change

☐ Addition

☐ Addition