FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(8)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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CHUCK'S AUTO SERVICE & M.C. REPAIR INC.

Principal Place of Business Mailing Address 450 NIEMAN AVENUE C/O CHARLES EISENRING **MELBOURNE FL 32901** 225 SEMINOLE BLVD. W. MELBOURNE FL 32904

Country

9. Name and Address of Current Registered Agent

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EISENRING, CHARLES 225 SEMINOLE BLVD.

W. MELBOURNE FL 32904

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1990 4. FEI Number Applied For 59-2988553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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.

Country

81 Name

63 64

SIGNATURE Signature, typed or present name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition EISENRING, CHARLES NAME 1.2 NAME 225 SEMINOLE BLVD. STREET ADDRESS 1.3 STREET ADDRESS W. MELBOURNE FL CITY-ST-ZIP 1.4 CiTY - ST- 7iP DELETE TITLE 2.1 TITLE Addition EISENRING, JAN J. NAME 2.2 NAME 225 SEMINOLE BLVD. STREET ADDRESS 2.3 STREET ADDRESS W. MELBOURNE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE ☐ Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE ☐ Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 of the receiver or trust of impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Zip Code

85