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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90171 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L62336

1. Corporation Name
BEN'S AUTO SERVICE, INC.

Principal Place of Business
2015-D AURORA ROAD
MELBOURNE FL 32935

Mailing Address
2015-D AURORA ROAD
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1990

4. FEI Number

59-3000233

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

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

CLARK, BEN L
2262 CANTERBURY LN
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 Mary C. Clark MARY C. CLARK Vice Pres.

4-20-99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **CLARK, BEN L**
STREET ADDRESS **2262 CANTERBURY LANE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **VPS** ☐ DELETE

NAME **CLARK, MARY C**
STREET ADDRESS **2262 CANTERBURY LANE**
CITY-ST-ZIP **MELBOURNE FL 32935**

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 **PT** ☒ Change ☐ Addition

1.2 NAME **CLARK, BEN L**
1.3 STREET ADDRESS **722 TUPELO DR.**
1.4 CITY-ST-ZIP **MELBOURNE, FL 32935**

2.1 TITLE **VPS** ☒ Change ☐ Addition

2.2 NAME **CLARK, MARY C**
2.3 STREET ADDRESS **722 TUPELO DR.**
2.4 CITY-ST-ZIP **MELBOURNE, FL 32935**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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: Mary C. Clark **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

(407) 259-3434

Daytime Phone #

CR3E034 (11/98)