

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90020 043 ***150.00

DOCUMENT # L63903

1. Corporation Name
GARY BURNS AUTO SALES, INC.

Principal Place of Business
4105 N FLORIDA AVE
TAMPA FL 33603
US

Mailing Address
4105 N FLORIDA AVE
TAMPA FL 33603
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1990

4. FEI Number
65-0202700

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

BURNS, GARY D.
4105 N FLORIDA AVE
TAMPA FL 33603

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BURNS, GARY D.	
STREET ADDRESS	4105 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BURNS, WALTRAUD K.	
STREET ADDRESS	4105 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, LESLIE O	
STREET ADDRESS	14644 BLUESTONE LN	
CITY-ST-ZIP	ODESSA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, MARTHA A	
STREET ADDRESS	14644 BLUESTONE LN	
CITY-ST-ZIP	ODESSA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURNS, ROSE N	
STREET ADDRESS	5218 CORVETTE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Burns, Heidi C.	
1.3 STREET ADDRESS	13130 Greengage Lane	
1.4 CITY-ST-ZIP	Tampa, FL 33612	
2.1 TITLE	Burns, Julia C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	13130 Greengage Lane	
2.3 STREET ADDRESS	Tampa, FL 33612	
2.4 CITY-ST-ZIP	V	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donald L. Stone	
3.3 STREET ADDRESS	2909 N. 40th Street	
3.4 CITY-ST-ZIP	Tampa, FL 33605	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Walteraud K Burns Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

(813) 237-0541

Daytime Phone #

CR2E034 (1/98)

0385216