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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L63927 1. Corporation Name

AUTO SI	ervice by Jack Bell, in	C.					
Oringinal Place	e of Business	Mailing Address			-{	<u> </u>	FIRST BEBELLUNDE
Principal Place of Business 295 S. WICKHAM RD. W. MELBOURNE FL 32904		295 S. WICKHAM RD. W. MELBOURNE FL 32904 US		DO NOT WRITE IN THIS	SPACE		
US US				,	3. Date Incorporated or Qualifed		
					04/10/1990		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
26					59-3007204	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	,
City & Stat	e	City & State	y & State		6. Election Campaign Financing	-\$5:00	мау ве
23		28	28		Trust Fund Contribution	Added t	to Fees
		Zip	Zip Country		8. This corporation owes the current year Int	tangible .	4
24	25	29 30	<u>)</u>		Personal Property Tax.		No.
	9. Name and Address of Curre	nt Registered Agent		- ::	10. Name and Address of New Registered	Agent /	
DELL	I IAMEO E		81	Name			
BELL, JAMES E.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
295 S WICKHAM RD			-				
W. MELBOURNE FL 32904			83				
			84	City	FL	_ 1 1 1	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 Modern printed pages of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS		13.	t signature required	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	DRS IN 12
TITLE			1.1 TITLE		ADDITIONO/OFFARESE TO OF TOZINO A	☐ Change	Addition
	10		1.2 NAME				
NAME	OCE O MICOVALANA		L	T ADDRESS			
STREET ADDRESS	W. MELBOURNE FL	l	1.4 CITY-S	1			j
TITLE			2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				(
STREET ADDRESS			2.3 STREET	T ADDRESS			1
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP	_		
TITLE			3.1 TILE			- Change	Addition:
NAME	BELL, KIMBERLY E. 32N		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE	☐ DELETE 4.1 TI		4.1 TITLE	Ì		☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS		!	4.3 STREE	T ADDRESS			}
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			C Addition
TITLE			5.1 TITLE	1		Change	☐ Addition
NAME			5.2 NAME				İ
STREET ADDRESS	ress .			TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u> </u>		T Addis-
TITLE		☐ DELETE	6.1 TITLE	<u> </u>		Change	Addition
NAME			6.2 NAME				1
ATDEET ADDRESS	1		■ 6.3 STHFF	TADORESS			l l

6.4 CITY-ST-ZIP 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: