

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 # L71609

1. Corporation Name
NATIONAL AUTO LABELING, INC.

Principal Place of Business
3015 HARTLEY RD.
STE. #14
JACKSONVILLE FL 32257

Mailing Address
3015 HARTLEY RD
STE 14
JACKSONVILLE FL 32257
US

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90094 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1990

4. FEI Number

59-3020844

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 9143 Philips Highway
Suite, Apt. #, etc.

22 #380

City & State

23 Jacksonville FL

Zip Country

24 32256 25 USA

2a. Mailing Address

26 9143 Philips Highway
Suite, Apt. #, etc.

27 380

City & State

28 Jacksonville, FL

Zip Country

29 32256 30 USA

9. Name and Address of Current Registered Agent

ABEL, WILLIAM N
3015 HARTLEY ROAD
SUITE 14
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

9143 Philips Highway Suite 380

83

84 City Jacksonville

FL

85 Zip Code 32256

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 PT ☐ DELETE

NAME ABEL, WN
STREET ADDRESS 3015 HARTLEY RD, STE 14
CITY-ST-ZIP JACKSONVILLE FL

TITLE VS ☐ DELETE

NAME ABEL, NEAL
STREET ADDRESS 3015 HARTLEY RD STE 14
CITY-ST-ZIP JACKSONVILLE FL

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9143 Philips Highway Suite 380
1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9143 Philips Highway Suite 380
2.4 CITY-ST-ZIP Jacksonville, FL 32256

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 904-292-9657
Date Daytime Phone #

CR2E034 (11/98)