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

**PROFIT** CORPORATION ANNUAL REPORT 1999

DOCUMENT # 1 78402



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Katherine Harris Secretary of State

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90297 038 \*\*\*150.00

1. Corporation Name									
BREED AUTOMOTIVE OF FLORIDA, INC.									
						1 ( <b>188</b> 1) 611 <b>3</b> 11 168 <b>6</b> 1 1 <b>5</b> 171 <b>518</b> 11	88118 INBI BI	OLERAN JOHN ERRI	ALARI ATOT LARE
							elika kalad		
Principal Place of Business Mailing Address						1 (\$61)\$11 SIN (BERL 14111 BIBL)		Bit Bibil Bidli mibit	41011 01011 1001
5300 OLD TAMPA HWY 5300 OLD TAMPA HWY									
LAKELAND FL 33811 LAKELAND FL 33811						DO NOT WRITE IN THIS SPACE			
us us						3. Date incorporated or Qualifed			
						06/07/1990	ŭ		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		A	plied For
21 26						59-3014427		<b>├</b>	ct Applicable
Suite, /\pt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional
27						5. Certificate of Status Desired		Fee R	tequired
City & State	City & State				6. Election Campaign Financing	, L	\$5.00	May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country Zip			Country		8. This corporation owes the cu	irrent year		
24]	25	29	30	0		Personal Property Tax.	5	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		11 1	Name	10. Name and Address of New	Register	a Agent	
ROV	D, STUART D ESQ		١	'	vame				
5300 OLD TAMPA HWY			8	12 3	Street A do	dress (P.O. Bo∢ Number is Not Acce	otable)		
LAKELAND FL 33811			9	33					
DAILEMD IE 30011			ľ	"					
			8	34 (	City			85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					amed cur	poration submits this statement for the	o numos	of changing it	s registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorized t	by the	e corpor at	ion's board of lirectors. I hereby acc	ept the ap	pointment as r	ecistered
agent. I ar	n familiar with, and a scept the obliga	at ons of, Section 607.0505, Fi	orida Statuti	es.					
SIGNATUF:E	Signature, typed or printed it me of registered age	en and title if applicable (NO)	E: Registered A	gent si	gnature reg iii	red when reinstating;	DATE		· \
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FICERS	AND DIRECT	ORS IN 12
TITLE	P DELETE			1,1 TITLE				Change	☐ Addition
NAME	RAPONE, ROBERT M			1.2 NAME					j
STREET ADDRESS	5300 OLD TAMPA HWY			EET AC	DDRESS				1
CITY-ST-ZIP	LAKELAND FL 33811		1,4 CITY	1.4 CITY-ST-ZIP					
TITLE	VP □ DELETE		2.1 TITLE	2.1 TITLE		VPD		Change	Addition
NAME	SPERANZELLA, CHARLES J JR		2.2 NAM	2.2 NAME					j
STREET ADDRESS				EET AC	DORESS				\
CITY-ST-ZIP	LAKELAND FL			/-\$T-2	ZIP				——————————————————————————————————————
TITLE	T DELETE		ď	31 TITLE				Change	Addition
NAME	SALTARELU, ROBERT			3.2 NAME					
STREET ADDRE 3S				33 STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33811			3.4 CITY-ST-ZIP				Change	Addition
TITLE	S DELETE		E	4.1 TITLE				Change	□ vooiio)i
NAME	GUPTILL, LIZANNE		4	4, 2 NAME					
STREET ADDRESS	5300 OLD TAMPA HWY			4.3 STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33811  □ DELETE			4.4 CITY-ST-ZIP				Change	Addition
TITLE	710			5.1 TITLE 5.2 NAME					
NAME	STUART, BOYD D			5.3 STREET ADDRESS					
STREET ADDRESS	5300 OLD TAMPA HWY			54 CITY-ST-ZIP					
CITY-ST-ZIP	LAKELAND FL DELETE			6.1 TITLE				Change	Addition
	BREED, JOHNNIE C		6.2 NAM					5	_
NAME STREET ADDRESS	5300 OLD TAMPA HWY		6.3 STRI		DDRESS				
LAIGHAND EL DOGGA			6.4 CITY						
CITY-ST-ZIP	PULL ON IL								

14. I hereby certify that the information supplied with this filling 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 opporator 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 a other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

Lizanne Guptill, Secretary

941-668-6388