Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 # L99892 1. Corporation Name

SANTA FE AUTO TRIM, INC.

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address Principal Place of Business 30 NE SANTA FE BLVD 30 NE SANTA FE BLVD HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 2. Principal Place of Business 2a. Mailing Address 26 21

27

28 Zip

29

Suite, Apt. #, etc.

City & State

9. Name and Address of Current Registered Agent BOYD, JEFF 30 NE SANTA FE BLVD

25

Country

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90013 010 ***150.00



DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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

09/12/1990 4. FEI Number

59-3033024

HIGH SPRINGS FL 32643		83						
THOUT OF THINGS I'L OLD ID		103						
	•	84	City		FL	85	Zip Co	de
			L,				_ 16_ ==	aintad
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN							\$ IN 12	
TITLE D	☐ DELETE	1.1 TITLE				☐ Çha	nge	Addition
NAME BOYD, JEFF		1.2 NAME	ì					}
STREET ADDRESS 30 NE SANTA FE BLVD		1.3 STREET	ADDRESS					
CITY-ST-ZIP HIGH SPRINGS FL		1,4 CITY-ST	r-zip (
TITLE	☐ DELETE	2.1 TITLE	~		· · · · · · · · · · · · · · · · · · ·	☐ Cha	nge	☐ Addition
NAME		2.2 NAME						
STREET ADDRESS	ا ما منسور ب	2,3 STREET	ADDRESS			-		-
CITY-ST-ZIP		2.4 CITY-S	T-ZIP					
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NAME		3.2 NAME	1					Ì
STREET ADDRESS		3.3 STREET	ADDRESS					
CITY-ST-ZIP		3.4. CITY-S	T-ZIP					
TITLE	☐ DELETE	4.1 TITLE	1			Cha	ng e	☐ Addition
NAME		4, 2 NAME						
STREET ADDRESS		4.3 STREET	ADDRESS					
CITY-ST-ZIP		4.4 CITY-S	r-ZIP					
TITLE	☐ DELETE	5.1 TITLE	,			Cha	nge	☐ Addition
NAME		5.2 NAME	ļ					
STREET ADDRESS	•	5.3 STREET						
CITY-ST-ZIP		5.4 CITY-S	r- ZIP	<u> </u>				
TITLE 网络大小海绵,"一种我	☐ DELETE	6.1 TITLE				Cha	nge	☐ Addition
NAME OF THE COMMON MARK SPORES		6.2 NAME						
STREET ADDRESS		6.3 STREET						
CITY-ST-ZIP 14. I hereby certify that the information supplied with	411 - 511	6.4 CITY-S		440.07(0)(0)	The side Of the same of the same	is about	41 1 8	

Country

81 Name

30

indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turner certify that the information indicated on this annual report or suppliemental 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: