Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90008 013 ***150.00

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 # P92000013274

1. Corporation Name

RICK'S ALITOMOTIVE OF GAINESVILLE INC.

mon o ,	AUTOMOTIVE OF GAMEST						
Principal Place	o of Rusinass	Mailing Address				/) 38 0	i 100kil 0101 100i
Principal Place of Business		•					
1405 NW 53RD AVE GAINESVILLE FL 32606 1405 NW 53RD AVE GAINESVILLE FL 32606 GAINESVILLE FL 32606					DO NOT WRITE IN	N THIS SPACE	
					3. Date Incorporated or Qualifed		
					12/18/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26		59-3163094	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	Additional	
22		27		3. Certificate of Status Desired	, Fee R	equired	
City & Stat	e	City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Countr	/	8. This corporation owes the current y		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81	T 10	10. Name and Address of New Regis	tered Agent	
DICI	IADDÉ BUILLID É III		•	Name			
RICHARDS, PHILLIP S III			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	NW 53RD AVE		_		, <u>, , , , , , , , , , , , , , , , , , </u>		
GAIR	NESVILLE FL 32606		83				1
			84	City	-	85 Zip	Code
					_	FL " 2"	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above	re-named co	orporation submits this statement for the purpation's board of directors. I hereby accept the	ose of changing its appointment as r	s registered egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute	S.	•		_
SIGNATURE							
1.5	Signature, typed or printed name of registered age		Registered Age	int signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ORS IN 12
12.		ND DIRECTORS	1.1 TITLE	···-	ADDITIONS/CHANGES TO OTTIOE	Change	
TITLE	D DELLARDO DELLARDO DELLA	DCCC1E	1.2 NAME				
NAME	RICHARDS, PHILLIP S III			T ADDRESS			}
STREET ADORESS	1405 NW 53RD AVE						Ì
CITY-ST-ZIP			1.4 CITY-1 2.1 TITLE	51-ZIP		Change	Addition
TITLE							_
NAME			2.2 NAME	T 4000000			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	2.4 CITY- 3.1 TITLE	SI-ZIP		Change	Addition
TITLE			3.2 NAME				
NAME				TADORESS			
STREET ADDRESS			3.4. CITY-				1
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	51-217		Change	Addition (
)			4. 2 NAME			_ •	_ }
NAME				T ADDRESS			
STREET ADDRESS							į
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	31-ZIF		Change	Addition
			5.2 NAME			_ •	_
NAME STREET ADDRESS			ľ	T ADDRESS			
			5.4 CITY-				Į
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	ļ		_ ,	-
STREET ADDRESS	İ		1	T ADDRESS			
OTHECT WORKESS	1			. 1			J

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 attacomment with an address, with all other like empowered.

SIGNATURE: