

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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90068 012 \*\*\*150.00

DOCUMENT # **P92000014354**

1. Corporation Name  
**UNDER-CAR AMERICA, INC.**

Principal Place of Business

**20 LAKE WIRE DR  
202  
LAKELAND FL 33815  
US**

Mailing Address

**P O BOX 24268  
LAKELAND FL 33802-268  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/24/1992**

4. FEI Number

**59-3155977**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**CAMERON, HAROLD R  
20 LAKE WIRE DR  
LAKELAND FL 33815**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD CAMERON, HAROLD R**  
STREET ADDRESS **1217 TIMBERIDGE LOOP S**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE  
NAME **VD PALMER, RICHARD J**  
STREET ADDRESS **1207 HAMMOCK SHADE DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ DELETE  
NAME **D MANLEY, VIVIAN H**  
STREET ADDRESS **3908 SABLE PALM COURT**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ DELETE  
NAME **STD CHIOZZA, FRANK E**  
STREET ADDRESS **4615 APPLE RIDGE LANE**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE  
NAME **D TOMPKINS, PAUL**  
STREET ADDRESS **112 ELVIRA**  
CITY-ST-ZIP **GEORGETOWN FL**

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  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

941-687-0400

Daytime Phone #

CR25034 (1/98)