

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 # P92000014881

1. Corporation Name

BARBER'S AUTO SERVICE CENTER & SALES, INC.

Principal Place of Business

305 N.W. SANTA FE BLVD.  
HIGH SPRINGS FL 32643

Mailing Address

P.O. BOX 134  
HIGH SPRINGS FL 32655-134  
US

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90067 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1992

4. FEI Number

59-3157541

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

9. Name and Address of Current Registered Agent

BARBER, DERLWOOD  
305 N.W. SANTA FE BLVD.  
HIGH SPRINGS FL 32643

(deceased)  
4/19/98

10. Name and Address of New Registered Agent

81 Name

DELORES BARBER

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

305 N.W. SANTA FE BLVD.

83

HIGH SPRINGS, FL 32643

84 City

HIGH SPRINGS

FL

85 Zip Code

32643

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

*DeLores Barber*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE April 29, 1999

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BARBER, DERLWOOD  
STREET ADDRESS 305 N.W. SANTA FE BLVD.  
CITY-ST-ZIP HIGH SPRINGS FL 32643  
☒ DELETE (deceased) 4/19/98

TITLE VSD  
NAME BARBER, DELORES  
STREET ADDRESS 305 N.W. SANTA FE BLVD.  
CITY-ST-ZIP HIGH SPRINGS FL 32643  
☐ DELETE

TITLE V/  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / DIRECTOR  
1.2 NAME DELORES BARBER  
1.3 STREET ADDRESS 305 NW SANTA FE BLVD.  
1.4 CITY-ST-ZIP High Springs, FL 32643  
☒ Change ☐ Addition

2.1 TITLE Secretary  
2.2 NAME DeLores Barber  
2.3 STREET ADDRESS 305 NW SANTA FE BLVD.  
2.4 CITY-ST-ZIP HIGH SPRINGS, FL 32643  
☒ Change ☐ Addition

3.1 TITLE VICE PRES.  
3.2 NAME H. DARRELL TIMBERLAKE  
3.3 STREET ADDRESS 18107-206 Peregrines Perch PLACE  
3.4 CITY-ST-ZIP LUTZ, FL 33549  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*DeLores Barber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 454-2250

CR2E034 (1/98)