PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300000085

1. Corporation Name

Principal Place of Business	Mailing Address	
218 SW 10TH STREET	218 SW 10TH STREET	
OCALA FL 34474	OCALA FL 34474	

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90043 050 ***150.00

DON'S (GARAGE, INC.				
	•				
Principal Plac	e of Business	Mailing Address		-{	DIEL OOMS BOSH SOM SOM NEWS
218 SW 10TH		218 SW 10TH STREET			
OCALA FL 34474 OCALA FL 34474					
				DO NOT WRITE	IN THIS SPACE
				3. Date incorporated or Qualifed	
a Driveria al D	No. of Desiron	a Mailine Address		12/31/1992 4. FEI Number	Applied For
 ;	Place of Business	2a. Mailing Address		59-3158512	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	, ,	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	
24	25	29 30		Personal Property Tax.	Yes □No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
חוור	CKETT, JAMES W.,		Name		<u> </u>
	S.W. 10TH STREET		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
	NLA FL 34474		83		
			03		
			84 City		FL 85 Zip Code
44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes th	 ne above-pamed corac	oration submits this statement for the pur	, ,
11. Pursuant office or r	registered agent, or both, in the State	of Florida. Such change was author	ized by the corporation	oration submits this statement for the pur n's board of directors. I hereby accept th	e appointment as registered
-	m familiar with, and accept the obligation	/// / /-	Statutes	and I hackest	4/27/00
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Regis	stered Agent signature required	when reinstating)	DATE
12.			13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUCKETT, JAMES		1.2 NAME		ļ
STREET ADDRESS		T .	1.3 STREET ADDRESS		ſ
CITY-ST-ZIP	OCALA FL 34474		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME			2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CTTY-ST-ZIP - 3.1 TITLE		Change Addition
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
TITLE			4.1 TITLE		Change Addition
NAME]		4. 2 NAME		
STREET ADDRESS		1	4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS		1.	5.3 STREET ADDRESS		
CITY-ST-ZIP	I		1		1
			5.4 CITY+ST-ZIP		
πιε			5.4 CITY+ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME		☐ DELETE			Change Addition
	ent for modify	☐ DELETE	3.1 TITLE		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 chapped, or on an attachment with an address, with all other like empowered.

SIGNATURE: