Applied For

\$8.75 Additional

Fee Required

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 # P93000007604

1. Corporation Name

JON-DEL'S AUTO SERVICE, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

505 W. DEARBORN ST. ENGLEWOOD FL 34223

Suite, Apt. #, etc.

21

22

505 W. DEARBORN ST. ENGLEWOOD FL 34223

2a. Mailing Address

Suite, Apt. #, etc.

26

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STATE STATE



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed 01/27/1993

5. Certificate of Status Desired

4. FEI Number

65-0633164

City & State	е		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	<del></del>				Trust Fund Contribution	Added to	
Zip	Country		Zip	Count			8. This corporation owes the current year Int		_
24	[25] [29] [30]			J			Personal Property Tax.		□No
	9. Name and Address of Currer	nt Regis	stered Agent				10. Name and Address of New Registered	Agent	
BOURCIER, JOHN 505 W. DEARBORN ST.					31	Name			
					32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ENGLEWOOD FL 34223				ļ.	-	2000029527924			
				ļ*	-08/06/9901069002 -08/06/9901069002 ****150.90 ****150.00				
				i	14	City	####150 QA	ACM WHO	<b>37</b> £ 00
								<u></u>	
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florid of Florid ations of	607.1508, Florida Statutes, da. Such change was auth , Section 607.0505, Florida	the abo norized to a Statute	by t es	-named corpo he corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its i ntment as reg	egistered jistered
SIGNATURE									
42	Signature, typed or printed name of registered age				gent	signature required	d when reinstating) DATE  ADDITIONS/CHANCES TO DESIGE AN	ID DIDECTO	20 (1) (2)
12.	OFFICERS AND DIRECTORS  Delete			13.	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	C Change	TI Addition
NAME	BOURCIER, JOHN			1.2 NAME		1		[_] Orlange	[] Addition
STREET ADDRESS	1115 LARCHMONT DR.			13 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL 34223			1.4 CITY-ST-ZIP		1			
TITLE	VPST DELETE			21 TITLE				Change	Addition
NAME	BOURCIER, ADELE		C	22 NAM		{		C o and	
STREET ADDRESS	1115 LARCHMONT DR.				-	ADORESS			
CITY-ST-ZIP	ENGLEWOOD FL 34223			2 4 CITY		- 1			
TITLE			DELETE	3.1 TITUE			······································	Change	Addition
NAME				32 NAMI	ΙE	{			
STREET ADDRESS				3.3 STRE	EET	ADORESS			
City-St-zip				34 CMY	Y-ST	- ZIP			
TYTLE			☐ DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAM	Æ	j			
STREET ADDRESS				4.3 STRE	EET.	ADDRESS			
CITY-ST-ZIP			·	4.4 CITY	-st	-ZiP	<u>-</u>	·	
TITLE			☐ DELETE	5 1 TITLE		7		Change	Addition
NAME				52 NAM		-			į
STREET ADDRESS						ADORESS			
CITY-ST-ZIP				54 CITY		· ZIP			
mile			☐ DELETE	6 1 TITLE		}		Change	☐ Addition
NAME				62 NAM	_				1 -17
STREET ADDRESS				•		ADDRESS			100
CITY-ST-ZIP		7.7. 7		6.4 CITY				$\mathcal{Q}$	1/1
indicated officer or	on this annual report or supplementa	il annua elver or i	I report is true and accurate trustee empowered to exe	te and th cute this	hat s re	my signature port as requir	Section 119.07(3)(i), Florida Statutes. I further cer e shall have the same logal effect as if made und- ired by Chapter 607, Florida Statutes; and that m	er oath, that I	am an ars i

SIGNATURE: John Bouries John BOURCIER 7-15-99 941 474278

CR2E034 (11/98)

To hown it may consum, RE, Jon-Delo auto service INC FEY 65-0633164. My late filing is due to the fact I was quite ill in Dec 1998, had knee sugery Dec 26th or knee replacement, right hnee. My right knee hecame Infected and I was four + months recovering. I accidentally placed your. corporate filing form In with my corporate gazers for the CPA who has filed for a entension till Systember due to the fact dwas unabale. to get everything together on time, when I gave everything to my CPA. he informed me of my smitable in RE,