

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

APPROVED  
AND  
FILED

1998 DEC -2 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000017546**

1. Corporation Name  
**KORKAY AUTO BEAUTY & MECHANIC INC**  
**1411 US HIGHWAY 19**  
**HOLIDAY FLORIDA 34691**

Principal Place of Business

Mailing Address

**SAME AS ABOVE**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**03-63-93**

4. FEI Number

**59-3223268**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **NA**

Suite, Apt. #, etc.

22 **NA**

City & State

23 **HOLIDAY FLORIDA**

Zip

24 **34691**

Country

25 **PASCO**

City & State

26 **FL**

Zip

27 **34691**

Country

28 **FL**

Zip

29 **34691**

Country

30 **FL**

Zip

31 **34691**

Country

32 **FL**

Zip

33 **34691**

Country

34 **FL**

Zip

35 **34691**

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38 **FL**

Zip

39 **34691**

Country

40 **FL**

Zip

41 **34691**

Country

42 **FL**

Zip

43 **34691**

Country

44 **FL**

Zip

45 **34691**

Country

46 **FL**

Zip

47 **34691**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Lois Gray**  
**8852 ELM LEAF COURT**  
**Port Richey Florida 34668**

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 **PRESIDENT - SECRETARY** ☐ DELETE

NAME **LOIS GRAY**  
STREET ADDRESS **8852 ELM LEAF COURT**  
CITY - ST - ZIP **PORT RICHEY FLORIDA 34668**

TITLE **VICE PRESIDENT - TREASURER** ☐ DELETE

NAME **LONEY E GRAY**  
STREET ADDRESS **8852 ELM LEAF COURT**  
CITY - ST - ZIP **PORT RICHEY FLORIDA 34668**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 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)(f), 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.

SIGNATURE: **Lois Gray** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-27-98** **937-9177**

Date

Daytime Phone #

CR2E034 (10/97)

KORKAY AUTO BEAUTY & MECHANIC INC.  
1411 US 19  
HOLIDAY, FL 34691

Request taken by: lsellers  
11-23-1998

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*at first the papers were sent to 1401 instead  
of 1411. When I called they found the mistake.  
I never received my 1st papers. If I had  
not needed them I would never had thought  
about it as my husband was very ill the 1st  
part of the year. Had a leg amputated and following  
that he had 3 heart attacks. At that time, I  
had someone else taking care of our business.  
Thanks for your help*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 17, 1998

KORKAY AUTO BEAUTY & MECHANIC, INC.  
1411 YS HWY 19  
HOLIDAY, FL 34691 US

SUBJECT: KORKAY AUTO BEAUTY & MECHANIC, INC.  
Ref. Number: P93000017546

Thank you for calling our office regarding the status of your corporation. The annual report form that you requested is enclosed.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sammy Caldwell  
Document Specialist Supervisor

Letter Number: 798A00055165

*Thank you so much for your help. Please get this on the internet as soon as possible as the bank will accept that.*

*my husband lost his left leg followed with 3 heart attacks. I had someone else taking care of our business. If I hadn't needed these documents I would never have known I had not received these documents. Have a very Merry Christmas and a very happy & successful New Year*

*Sincerely,  
Lois Gray*

*P.S. I also received this document the same day as this form. I filled it out just in case you needed it with this*

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314