Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000017563

MAGNOLIA AUTO SERVICE CENTER, INC.

Principal Place of Business	Mailing Address	1 19911981 114 19194 11111 09111 0			
221 E MAGNOLIA DR TALLAHASSEE FL 32301	221 E MAGNOLIA DR TALLAHASSEE FL 32301	DO NOT WR			
		 Date Incorporated or Qualifed 03/09/1993 			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3168338			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired			

City & State

Zip

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29 9. Name and Address of Current Registered Agent

Country

HUDSON, WILLIAM JR 1001 HASSELL DR TALLAHASSEE FL 32310

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Zip

City & State

FILED	
May 10, 1999 8:00 at	m
Secretary of State	

05-10-1999 90112 049 ***150.00

DO NOT WRITE IN THIS SPACE

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

							Î				
		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 bread or printed pame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
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14. I hereby o	certify that the information supplied with this filing does not qualify for the	exempti	on state	d in Section 119.07(3)(i), Florida Statutes. I further cert	ify that	the inform	nation				

Country

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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:

SIGNING OFFICER OR DIRECTOR