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May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000046066 (5)

1. Corporation Name

TOMMY'S WHOLESALE AUTO, INC.

Principal Place of Business

7061 GRAND NATIONAL DR.
SUITE 1050
ORLANDO FL 32819
US

Mailing Address

P. O. BOX 450967
KISSIMMEE FL 34745
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1993

4. FFI Number

65-0420693

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

21 138 Seabreeze CR

Suite, Apt. #, etc

22

City & State

23 Kissimmee FL

Zip

24 34743

Country

25 USA

2a. Mailing Address

26 P. O. Box 770548

Suite, Apt. #, etc

27

City & State

28 Orlando FL

Zip

29 32877

Country

30 USA

9. Name and Address of Current Registered Agent

RUIZ, THOMAS E
138 SEABREEZE CIR.
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

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 true if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
RUIZ, THOMAS E.
STREET ADDRESS 138 SEABREEZE CIR.
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME D
RUIZ, LIDICE
STREET ADDRESS 138 SEABREEZE CIR.
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

34743

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

34743

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

Lidice Ruiz - Lidice Ruiz Dir (owner) 4/28/98 407-344-8999.

CR2E034 (10/97)