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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054858

Corporation Name

DESTIN AUTOMOTIVE SERVICE INC.

| Principal Place 502 B MOUNTA DESTIN FL 3254 2. Principal P 21 Suite, Apt. | IN DR 41 lace of Business | Mailing Address 602 B MOUNTAIN DR DESTIN FL 32541 2a. Mailing Address 26 Suite, Apt. #, etc. 27 | + | | DO NOT WRITE IN 3. Date Incorporated or Qualifed 08/02/1993 4. FEI Number 59-3195966 5. Certifcate of Status Desired | Applied For Not Applicable \$8.75 Additional Fee Required |
|--|---|---|--|--|---|---|
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip Country | | | Zip Country | | 8. This corporation owes the current ye | |
| 24 | 25 | 29 | 30 | • | Personal Property Tax. | ☐ Yes ☐ No |
| | 9. Name and Address of Curr | | | | 10. Name and Address of New Regis | tered Agent |
| SCHULTZ, FRED 602 B MOUNTAIN DR DESTIN FL 32541 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute | | | 1 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | |
| | registered agent, or both, in the Starm familiar with, and accept the obli- | te of Florida. Such change was gations of, Section 607.0505, F | autnonzeo Iorida Statui | es. | red when reinstating) | ATE |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | PVS | ☐ DELETE | 1.1 TML | £ | For a section of | |
| | | | | | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | SCHULTZ, FRED G 414 EVERGREEN DR DESTIN FL 32541 | | | EET ADORESS 7-ST-ZIP | | |
| | 414 EVERGREEN DR | ☐ DELETE | 1.3 STF | EET ADORESS 7-ST-ZIP | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | 414 EVERGREEN DR | | 1.3 STF | EET ADORESS 7-ST-ZIP E | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | 414 EVERGREEN DR DESTIN FL 32541 | | 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI | EET ADORESS 7-ST-ZIP E | | |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 414 EVERGREEN DR DESTIN FL 32541 | ☐ DELETE | 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV | EET ADORESS /-ST-ZIP E #E #E EET ADDRESS Y-ST-ZIP E ## | | Change Addition |
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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 suppliemental 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, gron an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

1-13-99

850-837-25 // Daytime Phone # R2F034 (11/98)