Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90037 039 ***150.00

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 # P93000063061

1. Corporation Name

OCALA A	AUTOMOTIVE & TRUCK REPA	AIR, INC.					
Principal Place of Business , Mailing Address				FIGURE IN TAKEN IN THE PARTY OF	•		
331 NW 20TH ST				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed			
					09/03/1993	_	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21 1720 NE 2320 TERR 26				· ·	59-3202746 Not Applicable 9 75	9	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
22 OCALA 27 City & State City & State				6 Election Compaign Financing \$5.00 May Re	\dashv		
23 F L 28				Trust Fund Contribution Added to Fees	}		
Zip Country Zip Country				y	8. This corporation owes the current year Intangible		
24 34470 25 29 30					Personal Property Tax.		
, 0,,	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Agent	_	
0110	OCTTE AUDIOTORIUS C		8	Name		Ì	
BURGETTE, CHRISTOPHER S				Street Add	dress (P.O. Box Number is Not Acceptable)		
0CALA FL 34482 OCALA, FL 34475						_	
UCALA FL 34482 OCALA, FL			8:	1			
34472				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		13.	···	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ion	
TITLE	PT CURIOTORUED C	DELETE	1.1 TITLE		□ Ottalige □ Addit	.	
NAME	BURGETTE, CHRISTOPHER S. 9750 NW 30TH AVE.		1.2 NAME		•		
STREET ADDRESS	OCALA FL 34475		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	VPS		2.1 TITLE	51-27	☐ Change ☐ Addit	ion	
NAME	BURGETTE, VICKY C.		2.2 NAME				
STREET ADDRESS	9750 NW 30TH AVE	ا وهور سيد هـ چر ده ه	2.3 STRE	ET ADDRESS	and the second s		
CITY-ST-ZIP	OCALA FL 34475		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addit	on	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS	• •		
C/TY-ST-ZIP			3.4. CITY-	ST-ZIP	, — — — — — — — — — — — — — — — — — — —		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addit	on	
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS		- <u>}</u> ,	
CITY-ST-ZIP	TOTAL CONTROL OF THE SAME OF THE THEORY	FURANCE # A DELETE TO	4.4 CITY-	ST-ZIP	Change T M Addit	ion 3	
NAME STREET ADDRESS		EI DELETE	5.2 NAME				

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, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

352-732-4000

☐ Change

☐ Addition