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 # P93000085252

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Zip

CALLENDER AUTO TOPS & UPHOLSTERY, INC.

Country

25

Principal Place of Business	N
2234 2ND ST.	22
SARASOTA FL 34237	S

failing Address

234 2ND ST. SARASOTA FL 34237

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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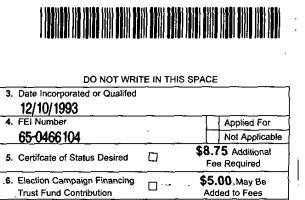
28

29

Zip

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90059 017 ***150.00



☐ Yes

 \square No

9. Name and Address of Current Registered Agent CALLENDER, GEORGE E 2234 2ND ST. SARASOTA FL 34237 St. 100;

	Personal Property Tax. ☐ Yes ☐ No	
	10. Name and Address of New Registered Agent	_
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	_
83		_
84	City 85 Zip Code	_

8. This corporation owes the current year Intangible

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

Country

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agent. I a	m familiar with, and accept the obligations of, Section 6	07.0505, Florid	a Statutes.		,, • •
SIGNATURE				***A	
42	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	egistered Agent signature requ		DC IN 12
12.	OFFICERS AND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition
JU/TE] pere ie	1.1 TITLE	□ Change	Audition
NAME	CALLENDER, GEORGE E		1.2 NAME		
STREET ADDRESS	2234 2ND ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	☐ Change	Addition
NAME	Callender, Patricia a		2.2 NAME		
STREET ADDRESS	2234 2ND ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	∴ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		,	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME (4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP_			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change	Addition
NAME		l	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			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, with all other like empowered.

ear SC3 Calling

941-957-1699