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PROFIT CORPORATION -ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000002415**1. Corporation Name

SUMMER AUTO SALES, INC.

	· ·						8117 28 171 88418 14817 816	8
Principal Place	e of Business	Mail	ling Address					
7658 ULMERTON ROAD 7658 ULMERTON ROAD						İ		
LARGO FL 34641 LARGO FL 34641					DO NOT WOLLD	IN TUIC COACE		
						DO NOT WRITE I	IN THIS SPACE	
						3. Date Incorporated or Qualifed		·
		· · · · · ·				01/11/1994	·	
2. Principal P	Place of Business	2a. I	Mailing Address			4. FEI Number	⊢	Applied For
21		26				59-3225224		lot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Stat	te	· •	City & State			6. Election Campaign Financing	¬ \$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	1 2	Zip	Coun	try	8. This corporation owes the current	year Intangible	
24	25	29		30		Personal Property Tax.	☐ Yes	⊠ No
ı <u></u>	9. Name and Address of Curr	rent Registe	ered Agent			10. Name and Address of New Regi	istered Agent	
\ <u></u>		9 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10	31 Name			
WILL	JAMS, DONALD R			<u> </u>				
	ULMERTON ROAD			1	32 Street Add	dress (P.O. Box Number is Not Acceptable)		
	GO FL 34641-4566			- -	33	The state of the s		5-150 3.0 (83)
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21.				[4	34 City		FL 85 Zip	Code
يبيريخووس الحمم	See the second	1,2,2					- 	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida	i. Such change was a	authorized I	by the corporal	poration submits this statement for the purtion's board of directors. I hereby accept the	e appointment as i	registered
SIGNATURE								
	Signature, typed or printed name of registered a							
				<u> </u>	gent signature requi		DATE	ODS IN 12
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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 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 chapters, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90037 021 ***150.00