## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998 P94000038357 (7) RICK'S AUTOMOTIVE SERVICE, INC.

**FILED** Mar 18 1998 8:00am Secretary of State

|--|--|

| 6323 JANES L            |  | 6323 JANES LANE                     |                                |   |                               |
|-------------------------|--|-------------------------------------|--------------------------------|---|-------------------------------|
| NAPLES FL 3             | <b>1942</b>                                      | NAPLES FL 33942                     |                                | DO NOT WRITE                                  | IN THIS SPACE                 |
|                         |  |                                     |                                | 3. Date Incorporated or Qualified             |                               |
|                         |  |                                     |                                | 05/17/1994                                    |                               |
| 2. Principal Pl         | lace of Business                                 | 2a. Mailing Address (               | 0 01                           | 4. FEI Number                                 | Applied For                   |
| 21 228                  | 5 StC Blud.                                      | $\frac{26}{2}$                      | C Blue                         | <b>7.</b> 65-0494506                          | Not Applicable                |
| Suite, Apt.             | ₩, etc.  | Suite, Apt. #, etc.                 |                                | 5. Certificate of Status Desired              | S8.75 Additional Fee Required |
| City & State            |  | City & State                        | 6. Election Campaign Financing | \$5.00 May Be                                 |                               |
| 23 NB                   | PLES FL.   | 28 1/11/25                          | PU                             | Trust Fund Contribution                       | Added to Fees                 |
| Zip Country Zip Country |  |                                     |                                | 8. This corporation owes or has pa            |                               |
| 24 3411                 |  |                                     | 10 (15B)                       | Personal Property Tax due June                |                               |
|                         | 9, Name and Address of Curre                     | int Hegistered Agent                | 81 Name                        | 10. Name and Address of New Re                | gistered Agent                |
|                         | RNER, RICHARD K                                  |                                     | UT Name                        |   |                               |
|                         | 3 JANES LANE                                     |                                     | 82 Street                      | Address (P.O. Box Number is Not Acceptable    | (e)                           |
| NAI NAI                 | PLES FL 33942                                    |                                     | 83                             | ANAS JEC D                                    | 100                           |
| 1                       |  |                                     |                                |   |                               |
| ]                       |  |                                     | 84 City                        | NAPLES  | FL 85 Zip Code 34/09          |
| 11 Purcuant             | to the provisions of Sections 607.05             | 02 and 607 1508 Florida Statutos    | the ebove-named                | corporation submits this statement for the p  |                               |
| office or re            | egistered agent, or both, in the State           | le of Florida Such change was au    | thorized by the cor            | poration's board of directors. I hereby accep | the appointment as registered |
| · ·                     | m tamiliar with, and accept the obli             | gations of, Section 607.0505, Flori | ida Statutes.                  |   |                               |
| SIGNATURE               | Signature, typed or printed name of registered a | ment and title if applicable (NOTE: | Registered Agent signature     | required when reinstating)                    | DATE                          |
| 12.                     |  | ND DIRECTORS                        | 13.                            | ADDITIONS/CHANGES TO OFFIC                    |                               |
| TITLE                   | PVST   | DELETE                              | 1.1 TITLE                      |   | Change Addition               |
| NAME                    | WARNER, RICHARD K                                |                                     | 1.2 NAME                       |   |                               |
| STREET ADDRESS          | 6323 JANES LANE                                  |                                     | 1.3 STREET ADDRESS             | 12225 J+C Blud                                | <u>'</u>                      |
| CITY-ST-ZIP             | NAPLES FL 33942                                  |                                     | 1.4 CITY - ST - ZIP            | NAPLES FL 34                                  | 1109                          |
| TITLE                   |  | DELETE                              | 2.1 TITLE                      |   | Change Addition               |
| NAME                    |  |                                     | 2.2 NAME                       |   |                               |
| STREET ADDRESS          |  |                                     | 2.3 STREET ADDRESS             |   |                               |
| CITY-ST-ZIP             |  |                                     | 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             |   | į                             |
| CITY-ST-ZIP             |  | T an true                           | 4.4 CITY - ST - ZIP            |   | 06                            |
| TITLE                   |  | ☐ DELETE                            | 5.1 TITLE                      |   | ☐ Change ☐ Addition           |
| NAME                    |  |                                     | 5.2 NAME                       |   | İ                             |
| STREET ADDRESS          |  |                                     | 5.3 STREET ADDRESS             |   |                               |
| CITY-ST-ZIP             |  | DELETE                              | 5.4 CITY - ST - ZIP            |   | Change Addition               |
| TITLE                   |  | T) DETEIF                           | 6.1 TITLE                      |   | Li cuange Li Addition         |
| NAME                    |  |                                     | 6.2 NAME                       | ,   | [                             |
| STREET ADDRESS          |  |                                     | 6.3 STREET ADDRESS             |   |                               |
| CITY-ST-ZIP             |  |                                     | 6.4 CITY - ST - ZIP            | L,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        |                               |

I hereby certify that the information supplied with this filling 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 with 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 attagrammy trustee and particular trustee.

SIGNATURE:

4941-592-0511