SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000043672 (2)

GAGEL'S AUTO SALES, INC.

Principal Place of Business Mailing Address **604 HIGHWAY 574 EAST** 804 HIGHWAY 574 EAST

FILED Jul 15 1998 8:00am Secretary of State



SEFFNER FL 33584		SEFFNER FL 33584		DO NOT WRITE IN THIS SPACE			
	i e				3. Date Incorporated or Qualified	···	
					06/10/1994		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-3247328		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required			
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Countr	,	8. This corporation owes or has paid the cu		
24	25	29	30	•		Yes	☐ No
	9. Name and Address of Curre		1001		10. Name and Address of New Registered	Agent	
GAG	BEL, MICHAEL T		81	Name			
	SOUTH 78TH ST.		82	Stepat A	ddress (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
	RVIEW FL 33569		04	SileerA	udiess (P.O. Box Number is Not Acceptable)		
****			83				
			84	City		les!	Zip Code
			84	City	FI	85	Zip Code
agent. I	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was igations of, section 607.0505, Fl	lorida Statute	s.	ration's board of directors. I hereby accept the appo	линет с	as registered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (N	OTE: Registered	Agent signature	required when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	DELETE	1.1 TITLE	1.	Paralettocal	Chai	nge 🔲 Addition
NAME	MI C HAEL T. GAGEL		1.2 NAME	·	MICHAEL TEAGEL	•	
STREET ADDRESS	6809 S. 78TH ST.		1.3 STREE	T ADDRESS	804 MLK BLUD HY 574 E		
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-S	T-ZIP ,	804 MLK BLUD 14 574 E SEFFUEL FI 33584		
TITLE	VP .	DELETE	2.1 TITLE	(SHARI S. GAGEL BOHMAK BLOD HYSTHE	Chai	nge Addition
NAME	SHARI S. GAGEL		22 NAME	ŀ	SHARL S. CHARLESTUE	,	
STREET ADDRESS	6609 S. 78TH ST.		2.3 STREE	T ADORESS	ENTERNA SI 33 TOUS		
CITY-ST-ZIP	RIVERVIEW FL		2.4 CITY-S	T-ZIP c	SEPFUER PI 33589		
TITLE		L DELETE	31 TITLE	K	SEFFUER FI 33584 THICHAEL E FLAUDERS 304 MLK BLUD HWY574 E	Chai	nge 🔼 Addition
NAME			3.2 NAME	1	MICHAEL LIN HWY574 E		
STREET ADDRESS	}			TADDRESS	SEFFNER FI 33584		
CITY-ST-ZIP			3 4 CITY-S	T-ZIP	SEP-FIXER P1 33387	-	
TITLE		[_] DELETE	4.1 TITLE			L Cha	nge L Addition
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-S 5.1 TITLE	1-ZIP			
TITLE		L] DELETE	5.1 TAILE 5.2 NAME			Cha	nge Addition
NAME			1	TADDRESS			
STREET ADDRESS			5.4 CITY-S				
City-St-Zip Title	<u> </u>	DELETE	6.1 TITLE	1-2117		Chai	nge Addition
		[] DELETE	6.2 NAME			☐ Unai	uña ГП ¥00(((Q))
NAME				TADDRESS			
STREET ADDRESS			64 CITY S	1			

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.

OF CHILLIANS

7/2/20

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