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

04-20-1999 90097 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051798

1. Corporation Name
AUTO STYLE INC.

Principal Place of Business

3070 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

Mailing Address

3040 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1994

4. FEI Number

59-3248620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3052 Gulf Breeze Pkwy

Suite, Apt. #, etc.

22 Gulf Breeze FL

City & State

23 32561 US

Zip

Country

24

25

2a. Mailing Address

26 3052 Gulf Breeze Pkwy

Suite, Apt. #, etc.

27 Gulf Breeze FL

City & State

28 32561 US

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BAUGHN, TIMOTHY
2550-B GULF BREEZE PARKWAY
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

82 Baughn, Timothy

82 Street Address (P.O. Box Number is Not Acceptable)

3052 Gulf Breeze Pkwy

83

84 City Gulf Breeze FL

85 Zip Code

32561

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

Timothy S. Baughn

Timothy S. Baughn

4-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BAUGHN, TIMOTHY

STREET ADDRESS 3888 CAPTAINS COURT

CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE

NAME BAUGHN, ANTHONY

STREET ADDRESS 804 PANFERIO DR.

CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Timothy S. Baughn

4-12-99

850-932-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/1/98)