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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400065063 (7)
1. Corporation Name

RICK'S AUTO TINT, INC.

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Principal Place of Business Mailing Address 23 S YOUNGE ST 23 SOUTH YONGE STREET ORMOND BCH FL 32174 ORMOND BEACH F 32174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3267846 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 Personal Property Tax due June 30. 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WESTFALL, RICKEY D 3132 S. RIDGEWOOD AVE. Street Address (P.O. Box Number is Not Acceptable) **SOUTH DAYTONA FL 32119 B3** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 THE Change Addition TITLE WESTFALL, RICKEY D NAME 1.2 NAME 33 COQUINA POINT DR. STREET ADDRESS 1.3 STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WESTFALL, GERALDINE NAME 2.2 NAME 83 COQUINA POINT DR. STREET ADDRESS 2.3 STREET ADDRESS **ORMOND BEACH FL** 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 DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 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 DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

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 on an adachment little an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

2/1/98

FILED

Mar 03 1998 8:00am

Secretary of State