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 # P95000002237 (2)

G.B.'S AUTO SERVICE OF SW FL, INC.

Principal Place of Business	Mailing Address
1569 BRANTLEY ROAD	1569 BRANTLEY ROAD

FILED Mar 18 1998 8:00am Secretary of State



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Principal Place	of Business	3		Mailing	g Address					i tabbitani tra tarki Arisi Basi Abist Abist	18111 V ALLE VO TE	• (1814 119)	Jehre i d d er im	
1569 BRANTLEY ROAD 1569 BRANTLEY ROAD FORT MYERS FL 33907 FORT MYERS FL 33907									DO NOT WRI	TE IN THIS	SPACE			
									3.	Date Incorporated or Qualified				
									1	01/10/1995				1
2. Principal Pl	ace of Busin	ess		2a. Ma	iling Address				4.	FEI Number		-TT	Applied F	For
21				26						65-0560275			Not Appli	icable
Suite, Apt. 4	#, etc.			Sui 27	te, Apt. #, etc.	_			5.	Certificate of Status Desired			5 Addition Required	
City & State)			City & State					6.	6. Election Campaign Financing \$5.00 May Be				
23			[28						Trust Fund Contribution			d to Fees	
Zip	1	Country	[Zip	•	——————————————————————————————————————	untry		8.	This corporation owes or has				Β [
24		25		29		30				Personal Property Tax due Ju-		Yes	□ No	
		and Address		gistere	d Agent		1=		10.	Name and Address of New I	tegistered	Agent		
		eorge B Ja	1.				81	Name						J.
1569 BRANTLEY ROAD FORT MYERS FL 33907					82	Street	Address (F	P.O. Box Number is Not Accept	abie)					
		, 2 4000.					83			`				
							84	City			FL	. ```	ip Code	
11. Pursuant t office or re	to the provisi egistered ag	ions of Section ent. or both, in	ns 607.0502 ar in the State of F	id 607.1 Iorida S	508, Florida Statu Such change was	tes, the authoriza	above ed by	-named the cor	corporation boration b	on submits this statement for the board of directors. I hereby acc	purpose of ept the app	changin ointment	g its regis as registe	tered
agent I ar SIGNATURE	m familiar wi	th, and accep-	t the obligation	is of, Se	ction 607.0505, Fi	lorida Sta	atutes) .						
SIGNATORE .	Signature, typed	or printed name of	registered agent an	d title if app	(OP) eldasik	TE Register	ed Age	nt signature	required wher	reinstating)	DATE			
12.		OFF	ICERS AND D	RECTO		_	13.			ADDITIONS/CHANGES TO OFF	ICERS AND			
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NAME						VAME			0				- 1;	
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City - St - ZIP	NORTH				CITY-S	T-ZIP	FORT	MYERE, FL 33903		-				
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NAME						2.2	AME		}					ļ
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HAME					3.2	3.2 NAME							j	
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NAME						4.2	NAME]					. }
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NAME		6.		6.2	6.2 NAME]		
STREET ADDRESS						6.3	STREET	ADDRESS	[{
CITY-ST-ZIP						6.4	CITY-S	T - 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 supplicionental 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/characterise of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of the address.)

SIGNATURE:

911-936-2526