


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000013717 (0)

1. Corporation Name
AUTOCO, INC.

Principal Place of Business

1836 MARINA CIRCLE
N FT MYERS FL 33903
US

Mailing Address

1836 MARINA CIRCLE
N FT M YE 33903
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1995

4. FEI Number

65-0556398

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1557 N. TAMIAHI TRAIL
Suite, Apt. #, etc.

2a. Mailing Address

26 1557 N. TAMIAHI TR.
Suite, Apt. #, etc.

City & State

23 N. FORT MYERS,

City & State

28 N. FORT MYERS,

Zip 33903 Country U.S.

Zip 33903 Country U.S.

9. Name and Address of Current Registered Agent

LOHMEYER, BERND
1836 MARINA CIRCLE
N FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name LOHMEYER, BERND

82 Street Address (P.O. Box Number is Not Acceptable)
1557 N. TAMIAHI TR.

83

84 City N. FORT MYERS

FL

85 Zip Code 33903

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOHMEYER, BERND	
STREET ADDRESS	1836 MARINA CIRCLE	
CITY- ST- ZIP	N FT MYERS FL	

TITLE	LOHMEYER, GISELA	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

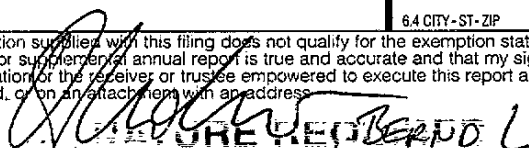
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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.

SIGNATURE:

 BERND LOHMEYER 01/28/98/997/8947

CR2E034 (10/97)