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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

7.46

## 1997

DOCUMENT # P95000025305 (0)

BRITISH CAR SALES AND SERVICE, INC.

Principal Piace of Business Mailing Address 4772 N HALE ST 4772 N HALE ST TAMPA FL 33614 TAMPA FL 33614-8516 3. Date Incorporated or Qualified 3a. Date of Last Report 08/05/<u>1</u>996 03/27/1995 28. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3308805 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8,75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zir Country 8. This corporation has liability for intendible tax under s. 199.032, 25 30 Florida Statutes Yes No 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name INCE, CHARLES 4772 N HALE ST 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** 83 84 City 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 priored 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 (96/6)12. 13. DELETE 1.1 TITLE ☐ Change Addition TITLE E034 1.2 NAME NAME INCE, CHARLES 4772 N HALE ST 1.3 STREET ADDRESS STREET ADORESS **TAMPA FL 33614** 1.4 CITY-ST-ZIP CITY - ST-7# DELETE Change Addition THE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TIFLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST-ZIP CITY- ST-ZIF DELETE Change Addition 4.1 TITLE TITLE

64 CITY-ST-ZIP 14. I do nereby certify that the information supplied with this filling 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 of 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 in the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

NAME

TIPLE NAME

THLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST ZIE

Cily - \$1 - 7/P

TYPED OR PRINTED NAME OF SUMING

DELETE

DELETE

**FILED** 

Apr 30 1997 8:00am

Secretary of State

☐ Change

Change

Addition

Addition