

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90103 006 ***158.75

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DOCUMENT # P95000025704

1. Corporation Name
AUTO-KINETICS, INC.

Principal Place of Business

800 DUNBAR AVE
OLDSMAR FL 34677

Mailing Address

P.O. BOX 12208
OLDSMAR FL 34677-0208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1995

4. FEI Number

59-3306990

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.

☐

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

P.O. BOX 1109

OLDSMAR, FL

34677-1109

PINELLAS

9. Name and Address of Current Registered Agent

NELSON, RICHARD
1810 PINE HILL DR
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NELSON, RICHARD
STREET ADDRESS 1810 PINE HILL DR
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE V ☐ DELETE

NAME MINTON, HARVEY
STREET ADDRESS 378 FOUNTAINVIEW CIRCLE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ST ☐ DELETE

NAME KENNARD, GREGORY M
STREET ADDRESS 116 TALLEY DR
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME ~~MARK BUCK~~
STREET ADDRESS ~~1536 BONAIR STREET~~
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

PALM HARBOR, FL 34684

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

V
MARK BUCK
1536 BONAIR STREET
CLEARWATER, FL 34615

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:

GREGORY M KENNARD

3/3/99

813/855-2685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)