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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000032270

1. Corporation Name

GOLDEN WRENCH AUTO SERVICE, INC.

| GOLDEN W | RENCH AUTO SERVIC | , | , | , | | | | |
|---|--|-----------------------|--|--|---|---|--|---|
| | | Mailir | ng Address | | | | | |
| rincipal Place of | f Business | | STH ST. N. | | ļ | | | • |
| 1 66TH ST., N. | * | 8291 t | LAS PARK FL 33781 | | ļ | DO NOT WR | ITE IN THIS SPACE | |
| IELLAS PARK FI | L 33781 | US | Die Chimica and | | | 3. Date Incorporated or Qualifed | | |
| | | . • | | | | 04/21/1995 | | |
| | | | | <u> </u> | <u> </u> | 04/21/1993 | | Applied For |
| 1.5 | | 2a. N | Mailing Address | | | 4. FEI Number | <u> </u> | Not Applicable |
| Principal Plac | e of Business | 26 | • | | | 59-3310051 | \$8.7 | 5 Additional |
| | | - 20 | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | e Required |
| Suite, Apt. #, | etc. | 27 | _ | | | | \$5 | 00 May Be |
| | <u> </u> | | City & State | | • | 6. Election Campaign Financing | | ded to Fees |
| City & State | • | 28 | • | | | Trust Fund Contribution | | |
| L | Country | | | Country | | 8. This corporation owes the cu | Trent year intangible ☐ Yes | Mo |
| Zip | Country | 29 | • | 30 | | Personal Property Tax. 10. Name and Address of New | | |
| · | 9. Name and Address of Cu | | ered Agent | | | 10. Name and Address of New | Registoreerige | |
| | 9. Name and Address of Co | ment region | (1) (1) | 81 | Name | | | |
| FIG.0.0 | N ID MINICENT | er in an i | Tr. 100 | 82 | Stroot Addre | ess (P.O. Box Number is Not Acce | ptable) | |
| FILUL | JR, VINCENT | 1 | | 82 | Street Modit | 1 | 9 52 14 847 14 97 5 5 5 5 11 11 18 11 19 5 | <u>6 (18) 17 800 (18) 18</u> 8 (18) 1880 (18) 18 |
| 8291 | 66TH ST., N. | | | 83 | | 1. 数据 1. 经基础的 | | |
| PINEL | LAS PARK FL 33781 | | | \ <u>\</u> | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | [85] | Zip Code |
| | | | | 84 | City | | - 11 | • |
| agent. Lar | to the provisions of Sections 60 agistered agent, or both, in the same familiar with, and accept the configurations. | ODIIgation | | | | | DATE | |
| SIGNATURE | n familiar with, and accept the | red agent and title i | f applicable. (NC | OTE: Registered Agen | | ed when reinstating) ADDITIONS/CHANGES TO | DATE | ECTORS IN 12 |
| agent. I ar SIGNATURE 12. | Signature, typed or printed name of register OFFICER | ODIIgation | f applicable. (NC | OTE: Registered Agen 13. 1.1 TITLE | | | DATE OFFICERS AND DIRI | ECTORS IN 12 |
| agent, I ar SIGNATURE 12. TITLE | Signature, typed or printed name of register OFFICEF | red agent and title i | f applicable. (NC | OTE: Registered Agen 13. 1.1 TITLE 1.2 NAME | nt signature require | ed when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND DIRI | ECTORS IN 12 |
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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 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 trusted 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 en an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90051 046 ***150.00