

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

0085062

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90051 029 ***150.00

DOCUMENT # **P95000052763**

1. Corporation Name

MIKE'S AUTO REPAIR OF EUSTIS, INC.

Principal Place of Business
**49 EAST PINECREST DRIVE
EUSTIS FL 32726**

Mailing Address
**49 EAST PINECREST DRIVE
EUSTIS FL 32726**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

59-3325494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MIZE, JANET G
301 DOUGLAS DR
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name **JANET G. Schwellingner**

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

301 Douglas Dr

83

84 City **Eustis**

FL

85 Zip Code **32726**

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 607.0503, Florida Statutes.

SIGNATURE

Janet G. Schwellingner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-99

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE

NAME **MIZE, JANET G**
STREET ADDRESS **301 DOUGLAS DRIVE**
CITY-ST-ZIP **EUSTIS FL**

TITLE **PT** ☐ DELETE

NAME **SCHWELLINGER, MICHAEL J**
STREET ADDRESS **301 DOUGLAS DR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 **Schwellingner, JANET G**
1.3 STREET ADDRESS **301 Douglas Dr**
1.4 CITY-ST-ZIP **Eustis, FL. 32726**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Schwellingner Michael J.**
2.3 STREET ADDRESS **301 Douglas DR**
2.4 CITY-ST-ZIP **EUSTIS FL. 32726**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

Janet G. Schwellingner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99 352-589-1957
Date Daytime Phone #

CR2E034 (11/98)