Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90048 012 \*\*\*150.00

## 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

DOCUMENT # **P95000070006** 

1. Corporation Name

BAD TO THE BONE AUTO ACCESSORIES, INC.

UAU 10	THE BONE AUTO ACCESSE	Alico, iivo					
Principal Place of Business Mailing Address						*****	
1427 34TH STREET SOUTH ST. PETERSBURG FL 33711  1427 34TH STREET SOUTH ST. PETERSBURG FL 33711					DO NOT WRITE IN	THIS SDACE	=
					3. Date Incorporated or Qualifed	THIS SPACE	<del>-                                    </del>
	, ·				09/05/1995		
Principal Place of Business     2a. Mailing Address					4, FEI Number		Applied For
21	26				59-3338074		Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		Ided to Fees
Zip 24	Country Zip Co			8. This corporation owes the current year Intangible Personal Property Tax. □ No			
9. Name and Address of Current Registered Agent				,	10. Name and Address of New Regist	ered Agent	
1.68//	GFORD, RICHARD C		81	Name			-
696 FIRST AVENUE NORTH			82	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 400			83				
ST. PETERSBURG FL 33701			84	City		85	Zip Code
					poration submits this statement for the purpo	FL   °	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autr ons of, Section 607.0505, Florid	orized by a Statutes	tne corporati	on's board of directors. Thereby accept the	арропштепс	as registered
	Signature, typed or printed name of registered agent		13.	t signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER		ECTORS IN 12
12.			1.1 TITLE		ADDITIONS/CHANGES TO GIT IGET	□ Ch	
TITLE			1.2 NAME		•	_	
NAME	and the same and the same		1.3 STREET	T ADDDECC	•		
STREET ADDRESS							
CITY-ST-ZIP			1.4 CITY-S' 2.1 TITLE	T-ZIP		∏ Ch	ange Addition
TITLE							g
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				,
CITY-ST-ZIP			2.4 CITY-S	T-ZIP _		☐ Ch	ange
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME				
NAME STREET ADDRESS			3.3 STREET	r address	•		
			3.4. CITY- S				
CITY-ST-ZIP TITLE			4.1 TITLE	71-23F		□ Ch	ange Addition
NAME			4. 2 NAME				į
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			☐ Ch	ange Addition
NAME		_	5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			ļ

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

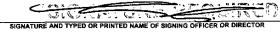
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



☐ DELETE

Addition