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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089936 (5)

CHUCKS AUTO OF DELAND, INC.

FILED Mar 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
204 SOUTH WOODLAND BLVD. 204 SOUTH WOODLAND DELAND FL 32720 DELAND FL 32720) BLVD.			
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								11/27/1995
2. Principal Place of Business			\vdash	2a. Mailing Address				4. FEI Number Applied For
21			26					59-3360250 Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Regulred
City & Stat	te .			City & State				
23			28	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Zip Country			Zip Count			,	8. This corporation owes or has paid the current year Intangible
24					30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Regis								10. Name and Address of New Registered Agent
C		ON SERVICE COMPA				81	Name	
	01 HAYS S		W41			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
AT	ULAHASSE	E FL 32301-2525				83		
						84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.						above ed by	⇒named co / the corpor s.	orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTI							nt signature rec	equired when reinstating) DATE
12.	T-K	OFFICERS A	AND DIREC	DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	IN CUADITO A		L DELETE		TITLE		☐ Change ☐ Addition
NAME MILLIGAN, CHARLES A						1.2 NAME		
STREET ADDRESS 204 SOUTH WOODLAND BLVD. CITY-ST-ZIP DELAND FL 32720							ADDRESS	
CITY-ST-ZIP	DELANL) FL 32/20		Document		CITY-S	T-ZIP	Change Addition
TITLE				☐ DELETÉ		TITLE		Change Addition
NAME						NAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					_	CITY-S	ST - ZIP	Observe T Addition
TITLE				☐ DELETE		TITLE		Change Addition
NAME						NAME		
STREET ADDRESS					3.3	STREET	ADDRESS	
CITY-ST-ZIP				T briess		CITY-S	iT-ZIP	
TITLE				DELETE		TITLE		☐ Change ☐ Addition
NAME						NAME		
STREET ADDRESS					4.3	STREET	ADDRESS	
CITY-\$T-ZIP	<u> </u>				-	CITY-SI	T - ZIP	
TITLE				☐ DELETE	5.1	TITLE	ŀ	☐ Change ☐ Addition
NAME					5.2	NAME		
STREET ADDRESS	ŀ				5.3	STREET :	ADDRESS	
CITY-ST-ZIP					5.4	CITY-S1	T-ZIP	
TITLE				☐ DELETE	6.1	TITLE		Change Addition
NAME					6.2	NAME		
STREET ADDRESS					6.3	STREET	ADDRESS	
	1							

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 supplementation must 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.