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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025796

1. Corporation Name

MOOG ROAD AUTO SERVICE, INC.

	<i>,</i>	·						
Principal Place	e of Business	Mailing Address				T I SECTEDA IN INCIDENTIAL SECTION SEC	(5##) #((U. (##(#	rand ant fatt
5516 MOOG RD.		5516 MOOG RD.	5516 MOOG RD.					
HOLIDAY FL 34690		HOLIDAY FL 34690				DO NOT WRITE IN THIS SPACE		
US		US .					SPACE	
						3. Date Incorporated or Qualifed 03/19/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				<u>59-3352564</u>	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27					Fee Re	
City & Stat	te · · · ·	City & State			~	6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	o rees
Zip	Country	Zip.		untry		8. This corporation owes the current year Int		□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curre	int Registered Agent		81 1	Name	10. Maine and Addiess of Hew Registered	, .gviit	·
DΔV	IN E GAMRERT				10110			
DAVID L, GAMBERT 5516 MOOG RD.				82 Street Address (P.O. Box Number is Not Acceptable)				
HOLIDAY FL 34690				83				
1102	IDAT TE 04005							
		•		84 (City	FL	85 Zip (Code
		200 COT AERO Florida Chab	ton the c	- Povo #	omed core	oration submits this statement for the purpose of	changing its	registered
office or r	registered agent, or both, in the State	e of Florida. Such change was a	authorized	o by the	ameo corpo e corporatio	on's board of directors. I hereby accept the appoi	ntment as re	gistered
agent. I a	am familiar with, and accept the oblig	pations of, Section 607.0505, Fig	orida Stat	utes.	•			}
SIGNATURE						d when rainstating) DATE		
40	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	E: Registered		gnature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
12.	PD	DELETE	1.1 TI			Applitation of the trace of the	Change	☐ Addition
	GAMBERT, DAVID L		1.2 N		ļ			
NAME	AND DENNION LYANDA AUE			TREET AD	MRESS			
STREET ADDRESS	PALM HARBOR FL 34683				·			1
CITY-ST-ZIP	VD	☐ DELETE	_	1.4 CITY-ST-ZIP 2.1 TITLE				Į,
	BACHER, SCOTT		_				Change	RS IN 12 Addition
NAME	ATOT DESIDIONI MASILA ANT		ı				Change	Addition
STREET ADDRESS	I 1/3/ PENNOTLYANIA AYE		2.2 N	IAME	NDDEee		Change	Addition
CITY-ST-ZIP	7		2.2 N 2.3 S	IAME STREET AC	ŀ		☐ Change	Addition
TITLE	PALM HARBOR FL 34683	Delete	2.2 N 2.3 S 2.4 C	IAME STREET AC CITY-ST-Z	ŀ		☐ Change	
	7	DELETE	22 N 2.3 S 2.4 C 3.1 Ti	IAME STREET AC CITY-ST-Z TILE	ŀ			
NAME	PALM HARBOR FL 34683	DELETE	2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	IAME STREET AL CITY-ST-2 TILE IAME	ZIP			
STREET ADDRESS	PALM HARBOR FL 34683	DELETE	22 N 23 S 2.4 C 3.1 T 3.2 N 3.3 S	IAME STREET AC CITY-ST-Z TILE IAME STREET AC	DDRESS			
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STREET ADDRESS CITY-ST-ZIP TITLE	PALM HARBOR FL 34683	☐ DELETE	22 N 2.3 S 2.4 C 3.1 Tl 3.2 N 3.3 S 3.4.6	IAME STREET ACCITY-ST-2 TILE IAME STREET ACCITY-ST-2	DDRESS		☐ Change ⁻	Addition
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14. I hereby certify that the information supplied with this filting 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP . . .

727-842-2716