

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90160 022 ***150.00

DOCUMENT # **P96000030760**

1. Corporation Name

TATHAM ALITO SALES INC

IVIIIVIAI	AUTO GALLO, INO.							
Principal Place of Business Mailing Address						T I BRUSDOL HID SULIS DESIL OBSIL DOLLI DOLLI DOLLI BESIL S	DESP BILLS BOTS LOSS	
357 6TH AVENUE W BRADENTON FL 34206 US 357 6TH AVENUE W BRADENTON FL 34205 US							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
							03/25/1996	
Principal Place of Business 2a. Mailing Address							4. FEI Number	Applied For
21		26					65-0655390	Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				E Cortifecte of Statue Decired	5 Additional Required
City & State			City & State)0 May Be
23		28					Trust Fund Contribution Add	ed to Fees
Zip	Country	\perp	Zip	Cou	ntry		8. This corporation owes the current year Intangible	
24	25	29		0			Personal Property Tax.	□No
	9. Name and Address of Current	Regis	stered Agent		-		10. Name and Address of New Registered Agent	··-
TATI	JAM MICHAEL				81	Name		
TATHAM, MICHAEL 357 6TH AVENUE W					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34205								
DRAUCHTON FL 34203					83			
					84	City	FL 85 2	Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Flori ions of	da. Such change was aut f, Section 607.0505, Florid	horized ia Stati	by ites.	tne corpora	rporation submits this statement for the purpose of changing tition's board of directors. I hereby accept the appointment a lired when reinstating) DATE	s registered
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 12
TITLE	D		☐ DELETE	1.1 TIT	LE		☐ Char	
NAME	TATHAM, MICHAEL			1.2 NA	ME			
STREET ADDRESS	AFOA HO LIBOURIAY AA COUTH				REET	ADDRESS		
CITY-ST-ZIP	RUSKIN FL			1.4 CR	Y-ST	r-ZiP		
TITLE			☐ DELETE	2.1 TIT	LE		☐ Chan	ge 🔲 Addition
NAME				2.2 NA	ME			
STREET ADDRESS				2.3 ST	REET	ADDRESS		
CITY-ST-ZIP				2. 4 CI	TY-S	T-ZIP		
TITLE			☐ DELETE	3.1 TIT	ſΕ		☐ Char	ge Addition
NAME				3.2 NA	ME			
STREET ADDRESS				3.3 ST	REET	ADDRESS		
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP		
TITLE			☐ DELETE	4.1 TII	LE	ļ	Char	nge Addition
NAME				4. 2 N	AME	1		
STREET ADDRESS				4.3 ST	REET	ADDRESS		
CITY-ST-ZIP				4 4 CF	TY-SI	T- ZIP		
TITLE			□ DELETE	5.1 TIT	LE		☐ Char	ige 🔲 Addition

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

× 29 APR. 99 (6)3)641-3316

CR2E034 (11/98)

☐ Addition