FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90161 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600032778

1. Corporation Name

RUN-A-BOUT AUTO MART, INC.

Principal Plac	ce of Business	Mailing Address				1	4 100110B) 140 40110 0111 00111 001	11 00 115 00190		i i na ti		
670 KISSIMME OCOEE FL 347		P.O. BOX 220 KILLARNEY FL 3474	ю		•			DO NOT WEEK				
							-	DO NOT WRIT	E IN THIS	SPAC	·E	
] 3 .					
2. Principal 8	Place of Business	2a. Mailing Addres	s				4.	04/08/1996 FEI Number		т	T Ani	plied For
21		26					"	59-3377666		F		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, e	tc.				+		_	\$8		dditional
22		27					5.	Certifcate of Status Desired			ee Re	
City & Sta	te	City & State					6.	Election Campaign Financing	П	\$:	5.00	May Be
23		28						Trust Fund Contribution				o Fées
Zip	Country	Zip		ountry			8.	This corporation owes the curre	ent year int			
24	25	29	30				<u> </u>	Personal Property Tax.		Ye	s	□No
	9. Name and Address of Curre	ent Registered Agent		0.4			10.	Name and Address of New R	egistered	Agent		
MIN	GATE KENNETH D			81	Na	ne						
Wingate, Kenneth R 11149 Robertson Road				82 Street Addre			ss (P	O.O. Box Number is Not Accepta	ble)			· • · · · · · · · · · · · · · · · · · ·
	TER GARDEN FL 34787			02			· · · ·					
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TEN GANDENTE STOP			83								
				84	City				Fi	85	Zip C	ode
44	1.45	00 007 4500 514-	04-4-4 41		<u> </u>		41		FL		14	
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State	e of Florida. Such change	was authorize	ed by	the o	ed corpo orporation	rauor n's bo	oard of directors. I hereby accep	t the appoi	cnangi ntment	as reg	jistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.05	05, Florida Sta	atutes								
SIGNATURE	Signature, typed or printed name of registered ag-	ont and title if applicable	(NOTE: Register	od 800m		ten in autonal			DATE			
12.		ND DIRECTORS	(NOTE: Register		ii siyirat	ne requied		ADDITIONS/CHANGES TO OFF		D DIR	ECTO	RS IN 12
TITLE	PS	DELETE			1.1 TITLE					c		Addition
NAME	WINGATE, DONALD A		1.2	NAME								
STREET ADDRESS	110 MERICAM COURT		1.3	STREET	ADDR	ss						
CITY-ST-ZIP	KILLARNEY FL 34740		1.4	CITY-S	T-ZIP							
TITLE	T				2.1 TITLE					다	ange	Addition
NAME	WINGATE, KENNETH R				2.2 NAME							
STREET ADDRESS	11149 ROBERTSON ROAD		2.3	STREET	ADDRE	ss						
CITY-ST-ZIP	WINTER GARDEN FL 34787		2.4	CITY-S	T-ZIP							
TITLE		☐ DELI	ETE 3.1	TITLE						Ch	ange	☐ Addition
NAME			3.21	NAME		ļ						
STREET ADDRESS			3.3	STREET	ADDRE	ss						
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP							
TITLE			ETE 4.1	TITLE		İ				Ch	ange	☐ Addition
NAME	:		4.2	NAME								
STREET ADDRESS			4.3 5	STREET	ADDRE	SS						
CITY-ST-ZIP				CITY-\$1	Γ-ZIP							
TITLE		☐ DELE		TITLE						Ch	ange	☐ Addition
NAME				NAME							٠.	
STREET ADDRESS					ADDRE	SS						
CITY-ST-ZIP				CITY-SI	r-ZIP	\perp						
TITLE		☐ DELE	:IE 6.11	TITLE							ance	Addition
NAME		_	I							☐ Ch	ungo	
STREET ADDRESS		_		VAME	ADDRE					Псп	ungo	

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 of 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

SIGNATURE:

CITY-ST-ZIP