

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000033006 (3)**  
1. Corporation Name

**ANCHOR AUTOMOTIVE COMPANY**

Principal Place of Business  
**16270 OLD U.S. 41 SOUTH  
FT. MYERS FL 33912**

Mailing Address  
**16270 OLD U.S. 41 SOUTH  
FT. MYERS FL 33912**

**FILED**  
**Oct 07 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 16200 Old US 41 S.**

2a. Mailing Address  
**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip Country**

**28 Zip Country**

**24 25 29 30**

3. Date incorporated or Qualified

**04/16/1996**

4. FEI Number **65-0722808**  
**APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**  
**SALUPO, TIMOTHY  
C/O 16270 OLD U.S. 41 SOUTH  
FT. MYERS FL 33912**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**16200 Old US 41 S.**  
**83**  
**84 City**  
**FL** **85 Zip Code**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	JOHNSON, DAVID A	6840 BRIARCLIFFE RD.	FT. MYERS FL 33912	<input type="checkbox"/>
D	SALUPO, TIMOTHY	1171 LK. MCGREGOR DR.	FT. MYERS FL 33910	<input type="checkbox"/>
D	PETSCH, DAVID	4443 W. SWEETWATER	GLENDAL AZ 85304	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE

*Timothy Salupo* **REQUIRED**

**9/21/98 941-433-0304**

CR2E034 (5/98)