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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000068976

K.A.C. AUTOMOTIVE, INC.

## **FILED** May 01, 1999 8:00 am Secretary of State

05-01-1999 90031 012 \*\*\*150.00



| Principal Place of Business Mailing Address                |   |   |              |                         |  | 1115 <b>0 0</b> 15 <b>0 3</b> 15 <b>0</b> 0 100 1 | B              |
|--|---|---|--------------|-------------------------|--|---|----------------|
| 6551 US HIGHM<br>BUNNELL FL 32                             |   | 6551 US HIGHWAY 1 SOU<br>BUNNELL FL 32110 |              |                         | DO NOT WRITE   | IN THIS SPACE                                     |                |
| $\downarrow$   |   |   |              |                         | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed                               |   |                |
|  |   |   |              |                         | 08/15/1996   |   |                |
| 2. Principal Place of Business 2a. Mailing Address         |   |   |              |                         | 4. FEI Number  |   | Applied For    |
| 21 Consin's Auto Sale's & Service 26 6551 45, Huy. 1       |   |   | 1. 504       | <b>t</b> k              | 59-3407744   |   | Not Applicable |
| Suite, Apt.  |   | Suite, Apt. #, etc.                       |              |                         | _  | ¬ \$8.7   | 5 Additional   |
| 22   |   | 27  |              |                         | 5. Certifcate of Status Desired  | Fee   | Required       |
| City & Stat  | e C   | City & State                              |              |                         | 6. Election Campaign Financing   | \$5.0   | 00 May Be      |
| 23 Bunn  | ell Florida   | 28 Bunnell                                | <u> </u>     | <u>onida</u>            | Trust Fund Contribution  | Add   | ed to Fees     |
| Zip<br>24 321  | 10 25 Flagler   | Zip<br>29 32110                           | Coun         | ingler                  | This corporation owes the current<br>Personal Property Tax.                                | Yes   | □No            |
|  | 9. Name and Address of Current  | Registered Agent                          |              |                         | 10. Name and Address of New Reg  | istered Agent                                     |                |
| Name   |   |   |              |                         | none   |   |                |
| CORBIN, KENT A 6551 US HIGHWAY 1 SOUTH BUNNELL FL 32110 83 |   |   |              |                         | Street Address (P.O. Box Number is Not Acceptable)   |   |                |
|  |   |   |              |                         |  |   |                |
| DUN  | NELL PL 32110   |   | ,            | 83                      |  |   |                |
|  |   |   | 1            | 34 City                 | -  | 85 مر   | ip Code        |
|  |   |   |              |                         |  | FL   "  |                |
| office or r  | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | f Florida. Such change was a              | authorized i | by the corporatio       | oration submits this statement for the pur<br>on's board of directors. I hereby accept the | pose of changing<br>le appointment as             | registered ;   |
| SIGNATURE  |   |   |              |                         |  |   |                |
| ·  | Signature, typed or printed name of registered agent  |   | _            | gent signature required |  | DATE  | STORE IN 12    |
| 12.  | OFFICERS AND  | DELETE                                    | 13.          | F &                     | ADDITIONS/CHANGES TO OFFIC   | Char  |                |
|  | CODDIN MENT A   | C) better                                 | 1.2 NAM      |                         |  |   | * <del>-</del> |
| NAME   | CORBIN, KENT A  |   |              | EET ADDRESS             |  |   |                |
| STREET ADDRESS   | 6551 US HIGHWAY 1 SOUTH<br>BUNNELL FL 32110   |   | 1            | -ST-ZIP                 |  |   |                |
| CITY-ST-ZIP<br>TITLE                                       | T BUNNELL PL 32110  | ☐ DELETE                                  | 2.1 TITL     |                         |  | Chan  | ge Addition    |
| NAME   | <br>  Mabel J. White  |   | 2.2 NAW      |                         |  | _   | -              |
| STREET ADDRESS   | MADEE 0. WHITE  |   | 1            | EET ADDRESS             |  |   | Ì              |
|  |   |   |              | Y-ST-ZIP                |  |   |                |
| CITY-ST-ZIP<br>TITLE                                       | DATIONA BOIL SHORES IL SZ   | DELETE 3.17                               |              |                         |  | ☐ Chan  | ge Addition    |
| NAME   |   | _   | 3.2 NAM      |                         |  |   | Ì              |
| STREET ADDRESS   |   |   | 3.3 STR      | EET ADDRESS             |  |   | \              |
| CITY-ST-ZIP  | <u> </u>  |   |              | Y-ST-ZIP                |  |   |                |
| TITLE  |   | ☐ DELETE                                  | 4.1 ∏∏L      |                         |  | Char  | ige 🖺 Addition |
| NAME   |   |   | 4. 2 NA      | ME                      |  |   |                |
| STREET ADDRESS   |   |   | 4.3 STR      | EET ADDRESS             |  |   |                |
| CITY-ST-ZIP  |   |   | 4.4 CITY     | /-ST-ZIP                |  |   |                |
| TITLE  |   | ☐ DELETE                                  | 5.1 TTL      | E                       |  | ☐ Char  | nge            |
| NAME   |   |   | 5.2 NAM      | E                       |  |   |                |
| STREET ADDRESS   | }   |   | 5.3 STR      | EET ADDRESS             |  |   |                |
| CITY-ST-ZIP  |   |   |              | /-ST-ZIP                |  |   |                |
| TITLE  |   | ☐ DELETE                                  | 6.1 TITL     |                         |  | Char  | nge            |
| NAME   | ••    |   | 6.2 NAM      |                         |  |   |                |
| STREET ADDRESS   |   |   | 6.3 STR      | EET ADDRESS             |  |   | }              |

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.

SIGNATURE: