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

Mailing Address

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000092678 (7)

YOUNGBLOOD'S AUTO SERVICE, INC.

2611 GRAND CAYMAN SARASOTA FL 34131		2611 GRAND SARASOTA					DO NOT WRIT  3. Date Incorporated or Qualified  11/07/1996		SPACE	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			pplied For
21	Fn	26				65-0718370		<del></del>	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #,			t. #, etc.	etc.					<del></del>	Additional
22	27	27			5. Certificate of Status Desired			lequired		
City & State	City & Sta	Cily & State				Election Campaign Financing     Trust Fund Contribution				
Zip	Country	Zip		Count	lry		8. This corporation owes or has p	aid the curr	ent year In	ntangible
24 25		29		30			Personal Property Tax due Jun			□ No
9. Name and Address of Current Registered Agent							10. Name and Address of New R	egistered A	Agent	
YOUNGBLOOD,	THOMAS			8	1 Na	ame				
2611 GRAND CAYMAN SARASOTA FL 34131				8	2 St	reet Addre	ess (P.O. Box Number is Not Accepta	able)		
				L				,		
				8	3					
				8	4 Ci	ty		FL	<b>85</b> Zip	Code
11. Pursuant to the provision office or registered agent agent. Jam familiar with	t, or both, in the Str	ate of Florida. Such c	hande was au	uthorized :	bv the	med corpo corporatio	oration submits this statement for the on's board of directors. I hereby accepts	purpose of ept the appo	changing i pintment as	its registered s registered
SIGNATURE X	emus &	fruster	1	14510				4-18	-98	
		arent and title it applicable	(NO1E:		vgent sig	nature require	d when roinstating)	DATE		
12.	OF FICERS A	AND DIRI CTORS	DELETE	13.		<del> </del>	ADDITIONS/CHANGES TO OFF			
TITLE D	000 7101440	_	) DELETE	1.4 TITLE					Change .	Addition
	DOD, THOMAS			1.2 NAM	-					
	ND CAYMAN			1.3 STRE		IESS				
CITY-ST-ZIP SARASOTA	1 FL 34131		DELETÉ	1.4 CITY	******				Change	Addition
TITLE		L	) OCTES	2.1 TITLE					Change	L_J AUDITION
NAME CONTEX ADDRESS					2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	2. 4 City 3.1 Title		<u></u>			Change	Addition
NAME		L.	, octore	3.1 HTLE					C. Cuantite	T VOORIOIT

6.4 CiTY-ST-ZIP 14. Thereby 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

3.4. CITY - ST - ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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DELETE

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Change

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Addition

**FILED** 

Apr 24 1998 8:00am

Secretary of State