

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 # P96000097977

1. Corporation Name

J & T AUTO SALES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

1404 8TH AVE. W.
PALMETTO FL 34221

Mailing Address

1404 8TH AVE. W.
PALMETTO FL 34221

2. Principal Place of Business

21 1404 8TH AVE W
Suite, Apt. #, etc.

22 City & State
23 PALMETTO FL
Zip Country

24 25

2a. Mailing Address

26 1404 8TH AVE W
Suite, Apt. #, etc.

27 City & State
28 PALMETTO FL
Zip Country

29 34221 30 FLORIDA

9. Name and Address of Current Registered Agent

CASWELL & HARRIS, P.A.
1215 N. PALM AVE
SARASOTA FL

3. Date Incorporated or Qualified

12/04/1996

4. FEI Number

65-0736872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 JESS SALAS PRES.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-29-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME SALAS, JESS
STREET ADDRESS 4033 PROAM AVE
CITY-ST-ZIP BRADENTON FL 34202

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

941-747-6313

Daytime Phone #

CR2E034 (1/98)

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90199 005 ***150.00



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