**PROFIT** CORPORATION ANNUAL REPORT

1999

CARL'S ELITE AUTO REPAIR INC.

1. Corporation Name



DOCUMENT # P96000101046

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

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

05-05-1999 90155 023 \*\*\*150.00

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Principal Place	e of Business	Mailing Address		T 18311881 IIA IANA SIIRI ABIIL ABILI ABILI ABILI	## #	JE)
560 S. COUNT	Y ROAD	560 S. COUNTY ROAD			·	
#427 #427				DO NOT WOLF IN THE COLOR		
LONGWOOD FL 32750 LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE		
}				3. Date Incorporated or Qualifed 12/13/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	SAME	26		<u>59-3418328</u>	Not Applical	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	1
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Cor	ıntry	8. This corporation owes the current year In		
24	25	29 30		Personal Property Tax.	☐ Yes 🔀 No	
١.	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
			81 Name			1
HAGAMAN, CARL			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		$\dashv$
560 S. COUNTY ROAD			Oli oct Addit	(1.0. Box Hamber to Not hosephasis)		
#42	7		83			$\Box$
LON	GWOOD FL 32750					
			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	C 0 21			4/2/19		}
	Signature, typed or printed name of registered agent		Agent signature required		I DISCOTORO IN 44	$\dashv$
12.	OFFICERS ANI			ADDITIONS/CHANGES TO OFFICERS A	Change Add	
TITLE	D	☐ DELETE 1,1 T			☐ Criange ☐ Add	JIUOII
NAME	HAGAMAN, CARL	1.2 N	AME			
STREET ADDRESS	560 S. COUNTY ROAD #427	1.3 \$	TREET ADDRESS		•	İ
CITY-ST-ZIP	LONGWOOD FL 32750		ITY-ST-ZIP			-
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NAME	COREY DUNN	2.2N	AME			
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NAME		6.2 N	AME		•	1
1			TREET ADDRESS			- }

6.4 CITY- ST- ZIP 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: Carl

