

1999.

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Secretary of State

07-15-1999 90005 004 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000003510 1. Corporation Name AUTO TINTERS, INC.			
Principal Place of Business 971-6 AIRPORT RD N NAPLES FL 34104		Mailing Address 971-6 AIRPORT RD N NAPLES FL 34104	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 01/08/1997		4. FEI Number 59-3427337	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No		8. Name and Address of Current Registered Agent CLARK, JOHN 971-6 AIRPORT RD N NAPLES FL 34104	
9. Name and Address of New Registered Agent 81 Name GIBSON, GARY M. 82 Street Address (P.O. Box Number is Not Acceptable) 971-6 AIRPORT ROAD NORTH 83 84 City NAPLES FL 85 Zip Code 34104		10. 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 <i>[Signature]</i> DATE 7/23/99	
11. OFFICERS AND DIRECTORS TITLE P ☐ DELETE NAME CLARK, JOHN STREET ADDRESS 971-6 AIRPORT RD N CITY-ST-ZIP NAPLES FL 34104 TITLE V ☐ DELETE NAME GIBSON, GARY M STREET ADDRESS 971-6 AIRPORT RD N CITY-ST-ZIP NAPLES FL 34104 TITLE S ☐ DELETE NAME REY, PRISCILL STREET ADDRESS 971-6 AIRPORT RD N CITY-ST-ZIP NAPLES FL 34104 TITLE T ☐ DELETE NAME GIBSON, KRISTINA STREET ADDRESS 971-6 AIRPORT RD N CITY-ST-ZIP NAPLES FL 34104		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1.1 TITLE P ☒ Change ☐ Addition 1.2 NAME GIBSON, GARY M. 1.3 STREET ADDRESS 971-6 AIRPORT ROAD NORTH 1.4 CITY-ST-ZIP NAPLES, FL 34104 2.1 TITLE SECRETARY ☒ Change ☐ Addition 2.2 NAME GIBSON, KRISTINA L. 2.3 STREET ADDRESS 971-6 AIRPORT ROAD NORTH 2.4 CITY-ST-ZIP NAPLES, FL 34104 3.1 TITLE TREASURER ☒ Change ☐ Addition 3.2 NAME GIBSON, GARY M. 3.3 STREET ADDRESS 971-6 AIRPORT ROAD N. 3.4 CITY-ST-ZIP NAPLES, FL 34104 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 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 118.07(3)(g), 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: <i>[Signature]</i> GARY M. GIBSON 7-8-99 9414504755 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (5/99)