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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016519 (5)

GEORGE'S AUTOMOTIVE SERVICE INC

**FILED** Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1717 WEST KENNEDY BOULEVARD 1717 WEST KENNEDY BOULEVARD TAMPA FL 33606 TAMPA FL 33606 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. . Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VELAZQUEZ, GEORGE JR 1717 WEST KENNEDY BOULEVARD Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition | VELAZQUEZ, GEORGE JR NAME 1.2 NAME 1717 WEST KENNEDY BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP TAMPA FL 33606 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME ARGEL ADORESS 4. 2 NAME 4,3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption statindicated on this annual report or supplemental annual report is true and accurate and that my significant or director of the corporation or the receiver or trustee employered to execute this report as the corporation of the corporation of the receiver or trustee employered to execute this report as the corporation of the corporation of the receiver or trustee employered to execute this report as the corporation of the corporation i), Florida Statutes. I further certify that the information ame legal effect as if made under, oath; that I am an ida Statutes; and that my name appears in