Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017738

1. Corporation Name

Suite, Apt. #, etc.

City & 5 tate

PITSTOP PUB INC.

Mailing Address
1202 SARNO ROAD MELBOURNE FL 32935
Za. Mailing Address

27

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

02/21/1997 4. FEI Number

59-3433070

5. Certificate of Status Desired

6. Election Campaign Financing

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90003 017 ***150.00

23			28	28				Trust Fund Contribution Added to Fees				
<u> </u>	Zip	Cour try	Zip	Co	untry		8. This	corporation owes the	current year Int		_	
24		25	29	30				or al Property Tax.		Yes	X No	
Name and Address of Current Registered Agent							10. Nam	e and Address of N	ew Registere d	Agent		
l		anena.			81	Name						
HALL, BRENDA G 507 W. CORNELL AVENUE MELBOURNE FL 32901					82 Street Acdress (P.O. Box Number is Not Acceptable)							
					83							
					84	City				85 Zip (Code	
						•			FL			
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 cirectors. I hereby accept the appointment as registered agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SI	GNATURE	Signature, typed or printed har te of registered	agent and title if agglicable	(NOT) Registers	d Agen	t signature re	qu red when reinstatin	ng)	DATE			
12			ANE DIRECTORS	13				TIC NS/CHANGES TO		D DIRECTO	F S IN 12	
TITI		D	☐ DEI		TITLE					☐ Change	Addition	
NAN		HALL, BRENDA G		1.2	MAME	İ						
	EET ADDRESS!			1.3 STREET ADDRESS								
i	Y-ST-ZIP	MELBOURNE FL 32935		1.4 0	CITY-S1	-ZIP						
TITI		MEDOGIATE IN THE	□ DEI		TITLE			,		Change	Addition	
NAM				2.21	VAME						1	
STE	REET ADDRES S			233	STREET	ADDRESS					Į.	
CIT	Y-ST-ZIP			2.4	CITY-S	T-ZIP						
TITI			☐ DEI	LETE 31	TITLE					Change	☐ Addition	
NAI	AE			3.2	NAME							
STE	EET ADDRESS			33	STREET	ADDRESS						
CIT	Y-ST-ZIP			3.4.	CITY-S	T-ZIP						
TIT	E		□ DE	LETE 4.1	TITLE					Change	Addition	
NA	AE .			4.2	NAME	1						
STF	EET ADDRES 3			4.3 3	STREET	ADDRESS						
CIT	Y-ST-ZIP			4.4	CITY-S	-ZIP						
TITI	.E		☐ DEI	LETE 5.1	TITLE	-				Change	☐ Addition	
NA	AE			, 521	NAME	1					{	
STF	EET ADDRES ;			5.3	STREET	ADDRESS						
СІТ	Y-ST-ZIP				CITY-S1	-ZIP						
ТП	.E		☐ DEI		TITLE					Change	☐ Addition	
NA	NE			6.21	NAME							
STA	REET ADDRESS			6.3	STREET	ADDRESS						
СІТ	Y-ST-ZIP				CITY-S1							
14	. I hereby o	certify that the information supplied	with his filing does not qu	ualify for the ex	empti	on stated	in Section 119.	07(3)(i), Florida Statu	ites. I further ce	tify that the i	nformation	

indicates 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 uncer 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 chapter 607, or on an attachn ent with an address, with all other like empowered.

SIGNATURE: