

AMENDED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

01/20/97

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUL 27 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P97000034370**

1. Corporation Name

HAINES CITY AUTO AUCTION, INC.

Principal Place of Business

**4898 HWY 17-92
HAINES CITY FL 33844**

Mailing Address

**4898 HWY 17-92
HAINES CITY FL 33844**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

59-3193532

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILES, SHAWN L
1113 HAMMOCK SHADE DR
LAKELAND FL 33809**

81 Name

JOHN TRUSTY

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

4898 HWY 17-92 W

83

84 City

HAINES CITY

FL

85 Zip Code

33644

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)

5/19/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILES, SHAWN L	
STREET ADDRESS	1113 HAMMOCK SHADE DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILES, BENNY G	
STREET ADDRESS	1808 PADDOCK DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	1st PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN TRUSTY	
1.3 STREET ADDRESS	4898 HWY 17-92 W	
1.4 CITY-ST-ZIP	HAINES CITY FL 33644	
2.1 TITLE	ADIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARIANNE TOMES	
2.3 STREET ADDRESS	100 W NASA BLVD	
2.4 CITY-ST-ZIP	MELBOURNE FL 32901	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300002952873-1	
3.3 STREET ADDRESS	-08/06/99--01070--019	
3.4 CITY-ST-ZIP	*****61.25 *****61.25	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

JOHN TRUSTY

JOHN RAY TRUSTY

5/19/99

941-956-1257

CR2E034 (5/99)

SP