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FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90062 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035749

1. Corporation Name
JALOPY'S INC.

555231 - 90062 - 48

[redacted]

Principal Place of Business	Mailing Address
2204 S WASHINGTON AVE TITUSVILLE FL 32780	7003 CHALLENGER AVE TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2204 S. Washington Ave Suite, Apt. #, etc. 22 -	26 2204 S. Washington Ave Suite, Apt. #, etc. 27
City & State 23 Titusville, Fl 32780 Zip 24 Country 25	City & State 28 Titusville, Fl 32780 Zip 29 Country 30

3. Date Incorporated or Qualified: 04/21/97

4. FEI Number: 59-2945302 ☐ 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIMBALL, GARY L
7003 CHALLENGER AVE
TITUSVILLE FL 32780 US

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KIMBALL, GARY L	1.2 NAME	
STREET ADDRESS	7003 CHALLENGER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, LEONARD D	2.2 NAME	
STREET ADDRESS	5325 US 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
	☐ DELETE		
	☐ DELETE		
	☐ DELETE		

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: [signature] 4-27-99 407-537-7843
Signature and typed or printed name of individual Date Daytime Phone #