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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000038617

MALONEY AUTO & TRUCK, INC.

Principal Place of Business	-	Mailing Address
3151 COOPER STREET PHASE 2 UNIT 3 PUNTA GORDA FL 33951		P.O. BOX 511283 PUNTA GORDA FL (

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90007 018 \*\*\*150.00



3151 COOPER PHASE 2 UNIT PUNTA GORDA	3	P.O. BOX 511283 PUNTA GORDA FL 33951				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  04/29/1997					
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address				El Number			Applied For	
21		26			-	65	5-0771510			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					ertifcate of Status Desired		\$8.7	5 Additional	
22		27				J. CE	erincate of Status Desired		Fee	e Required	
City & State	9	City & State				6. Ele	ection Campaign Financing		\$5.	00 мау Ве	
23		28				Tru	ust Fund Contribution		Add	led to Fees	
Zip	Country	Zip	Country	У		8. Th	is corporation owes the curr	-	<u> </u>		
24	25	29 3	0				ersonal Property Tax.		Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Na	ame and Address of New F	Registered A	gent		
4441	ONEY TENNY		81	Na	ame						
3151	oney, terry Cooper Street		82 Street Add			Address (P.O. Box Number is Not Acceptable)					
	SE 2 UNIT 3		83	3					194	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PUN	TA GORDA FL 33951		84	l ci	4			1 1	85 2	Zip Code	
	•		64	l Ci	ıy			FL	85  4	lip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auti	norized by	the (	med corpora corporation's	ation su s board	ubmits this statement for the dof directors. I hereby access	ot the appoint	hanging ment a	) its registered s registered	
	Signature, typed or printed name of registered agen		•	nt sign:	ature required wh			DATE	BIDE	OTO DO 111 40	
12.	OFFICERS AN	D DIRECTORS	13.			ADL	DITIONS/CHANGES TO OF	FICERS AND	Char		
TITLE	P	☐ DELETE	1.1 TITLE							.ge Addition	
NAME	MALONEY, T P		1.2 NAME								
STREET ADDRESS	POB 511283		1.3 STREE		RESS						
CITY-ST-ZIP	PUNTA GORDA FL 33951		1.4 CITY-S	ST-ZIP							
TITLE		☐ DELETE	2.1 TITLE						Chan	nge	
NAME			2.2 NAME							ļ	
STREET ADDRESS			2.3 STREE	T ADDI	RESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CITY-	ST-ZIP							
TITLE \$481	Switch Strate	DELETE	3.1 TITLE						Chan	nge	
NAME	la fina ta su dun ta Canada Canada San San San		3.2 NAME							i	
STREET ADDRESS			3.3 STREE	TADDE	RESS			*			
CITY-ST-ZIP	en e		3.4. CITY-5	ST-ZIP							
TITLE		☐ DELETE	4,1 TITLE						Char	nge Addition	
NAME			4. 2 NAME							ļ	
STREET ADDRESS	•		4.3 STREE	T ADDI	RESS		•			ļ	
CITY-ST-ZIP	t ·		4.4 CITY-S	ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE						Chan	nge	
NAME			5.2 NAME							ł	
STREET ADDRESS			5.3 STREE	T ADDF	RESS					,	
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP			1				
TITLE	V. N. S. 1911	☐ DELETE	6.1 TITLE						Chan	ige	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE	T ADDF	RESS						

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: