

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 # P97000048002

1. Corporation Name  
AUTOTRANS, INC.

Principal Place of Business  
1634 SE 47TH STREET #4  
CAPE CORAL FL 33904

Mailing Address  
1634 SE 47TH STREET #4  
CAPE CORAL FL 33904

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90001 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1997

4. FEI Number

65-0758111

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

2. Principal Place of Business

21 8166 Ebson Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 8166 Ebson Drive  
Suite, Apt. #, etc.

City & State

23 N. Ft. Myers FL

City & State

28 N. Ft. Myers FL

24 Zip 33917 25 Country USA

29 Zip 33917 30 Country USA

9. Name and Address of Current Registered Agent

KARR, PATRICK  
1634 SE 47TH STREET #4  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name Michael Ruff  
82 Street Address (P.O. Box Number is Not Acceptable)  
8166 Ebson Drive  
83  
84 City N. Ft. Myers FL 85 Zip Code 33917

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME RUFF, MICHAEL  
STREET ADDRESS 8166 EPSON DRIVE NE  
CITY-ST-ZIP N FORT MYERS FL 33917

TITLE D ☐ DELETE  
NAME RUFF, DEBORAH  
STREET ADDRESS 8166 EPSON DRIVE NE  
CITY-ST-ZIP N FORT MYERS FL 33917

TITLE D ☒ DELETE  
NAME KARR, PATRICK  
STREET ADDRESS 2063 SE 28TH ST  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-20-99 9180-7512

Date

Daytime Phone #

CR2E034 (11/98)

0449957