

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90194 004 ***150.00

DOCUMENT # **P97000054846**

1. Corporation Name

STEVE WESTPHAL'S USED CAR FACTORY, INC.

Principal Place of Business

2607 DEL PRADO BLVD.
CAPE CORAL FL

Mailing Address

2607 DEL PRADO BLVD.
CAPE CORAL FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997.

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P O BOX 150820

4. FEI Number

NOT APPLICABLE

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

23 City & State

24 Zip 25 Country

27 City & State

28 CAPE CORAL FL

29 33915-0820

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WESTPHAL, STEVE
5314 SANDS BLVD.
CAPE CORAL FL 33914**

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 607.1508, 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**PTD WESTPHAL, STEVE
5314 S.W. SANDS BLVD.
CAPE CORAL FL 33914** ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**VPD FRONRATH, GARY
4901 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308** ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**S KEARNEY, CAROLYN
1311 LAMBETH CIR
VENICE FL 34292** ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P, D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VP, D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **S, T** ☐ Change ☒ Addition
3.2 NAME **THORNTON G WESTPHAL**
3.3 STREET ADDRESS **2805 S.W. 46TH TERRACE**
3.4 CITY-ST-ZIP **CAPE CORAL, FL 33914**

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:

Steve Westphal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 656-8733

Date

Daytime Phone #

CR2E034 (11/98)