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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069124 (0)

GARY'S AUTO HOUSE, INC.

## **FILED** Mar 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			0 10044000 110 18441 10014 0014 00441 004411 01	)		
1106 4TH AVENUE SOUTH LAKE WORTH FL 33461  1106 4TH AVENUE SOUTH LAKE WORTH FL 33461			DO NOT WRITE IN	THIS SPACE	· · · · · · · · · · · · · · · · · · ·	
				3. Date Incorporated or Qualified 08/08/1997		
2. Principal Place of Business 2a, Mailing Address			4. FEI Number	. NA	plied For	
21 1106 444 Ave S 26				65-0762565	/ / / / · · · ·	t Applicable
	e, Apt. #, etc.		<b>-</b>	5. Certificate of Status Desired	\$8.75 A	Additional
22 27				5. Certificate of Status Desired	Fee Re	quired
City & State City  23 ARE WORTH FC 28	& State			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Zip Country Zip	·	Country		<ol><li>This corporation owes or has paid t</li></ol>		
24 5 5 7 6 0 25 FACM Dead 29 9. Name and Address of Current Registered	30	<u> </u>		Personal Property Tax due June 30.  10. Name and Address of New Regis		<b>K</b> No
	10, Name and Address of New Regis	pred Agent				
WHEATLY, GARY C			Name	AM		
1106 4TH AVENUE SOUTH LAKE WORTH FL 33461		82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
LANE WORTH PL 33401		83				
		84	City		85 Zip (	`odo
		64	City		FL 85 Zip C	2006
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 little if appl  12. OFFICERS AND DIRECTOR			I signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	C IN 10
12. OFFICERS AND DIRECTOR	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change	Addition
NAME WHEATLY, GARY C		1.2 NAME			<del></del>	
STREET ADDRESS 1106 4TH AVENUE SOUTH		1.3 STREET A	DDRESS			
CITY-ST-ZIP LAKE WORTH FL 33461		1.4 CITY - ST-	ZIP			
TITLE	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET A				
CITY-ST-ZIP	DELETE	2. 4 CITY-ST	- ZIP		☐ Change	☐ Addition
TITLE	Deceme	3.1 TITLE			□ Change	M Madition
NAME Street Address		3.2 NAME 3.3 STREET A	DOBESS			
CITY-ST-ZIP		3.4. CITY-ST				
TITLE	DELETE	4.1 TITLE	- 211		☐ Change	☐ Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET A	DDRESS			
CITY-ST-ZIP		4.4 CITY-ST-	- ZiP			
TITLE	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET A	i i			
CMY-ST-ZIP	DELETE	5.4 CITY - ST -	ZIP		Observe	Apidisiae
TITLE	DELETE	6.1 TITLE			Change	Addition
NAME OTDSST ADORESS		6.2 NAME	000000			
STREET ADDRESS		6.3 STREET A				
CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing	does not qualify for th	6.4 CITY-ST- ne exemption		ection 119.07(3)(i), Florida Statutes. I furt	her certify that the	information

indicated on this annual report or supplier intal 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 or an attachment with an address.