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 # P97000069536

RAY'S TRUCK & BODY REPAIR, INC.

Principal Place of Business Mailing Address 4268 NORTH ORANGE BLOSSOM TRAIL P.O. BOX 1053 ZELLWOOD FL 32798 ZELLWOOD FL 32798-1053

FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90034 043 ***150 00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3462575 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip · Country Zip Country 8. This corporation owes the current year Intangible 24 25 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 82 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 84 City 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 of 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE **PSTD** 1.1 TITLE ☐ Change ☐ Addition ARCE, RAMON NAME 1.2 NAME 4268 NORTH ORANGE BLOSSOM TRAIL STREET ADDRESS 1.3 STREET ADDRESS ZELLWOOD FL 32798 CITY-ST-ZIP 1.4 City-St-ZiP DELETE ☐ Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 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 Change Addition TITLE 4.1 TITLE 4. 2 NAME 16.41.11 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE ☐ Change ☐ Addition 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE ☐ Addition TITLE 翻译的话 医皮肤性性切迹 医垂 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY+ST-ZIP 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.

SICOLOGICOR SIGNATURE AND TYPED OR PRINTED NAME

CR2E034 (11/98)