

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90077 004 ***150.00

DOCUMENT # P97000073741

1. Corporation Name
GSL AUTO/SPORTS, INC.

Principal Place of Business
27157 KINDLEWOOD LN
BONITA SPRINGS FL 34134

Mailing Address
353 RIVERWOOD RD
MOORESVILLE NC 28115
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number
58-2365891

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 27540 RIVERBANK DR

2a. Mailing Address

26 27540 RIVERBANK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BONITA SPRINGS FL

27 City & State

28 BONITA SPRINGS FL

24 Zip

25 34134 Country US

29 Zip

30 34134 Country US

9. Name and Address of Current Registered Agent

LYALL, GLEN S
27157 KINDLEWOOD LN
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name LYALL, GLEN S.

82 Street Address (P.O. Box Number is Not Acceptable)
27540 RIVERBANK DR

83

84 City BONITA SPRINGS FL

85 Zip Code 34134

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 fully qualified, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* GLEN S LYALL Pres. 1/25/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME LYALL, GLEN
STREET ADDRESS 27157 KINDLEWOOD LN
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE TS
NAME LYALL, EVELYNN J
STREET ADDRESS 27157 KINDLEWOOD LN
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME LYALL GLEN
1.3 STREET ADDRESS 27540 RIVERBANK DR
1.4 CITY-ST-ZIP BONITA SPRINGS FL 34134

2.1 TITLE TS
2.2 NAME LYALL, EVELYNN J
2.3 STREET ADDRESS 27540 RIVERBANK DR
2.4 CITY-ST-ZIP BONITA SPRINGS FL 34134

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

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

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

6.1 TITLE
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)