## 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

P97000080899 (2) DOCUMENT #

GENE'S AUTOMOTIVE OF P.C., INC.

Principal Place of Business 1102 WEST CALABRIA ROAD PANAMA CITY FL 32405

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1102 WEST CALABRIA ROAD PANAMA CITY FL 32405

## **FILED** May 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

Applied For

09/12/1997

21 23	6 W. 6+ 5T.	26 236 W.	1.1157	4. I E I I GINDE	Not Applicable	
Sulte, Apt.	#. etc.	26 236 W. Suite, Apt. #, etc.	0 - 0 /.		\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 PAN	AMACITY, FL	28 PANAIVIA		Trust Fund Contribution	Added to Fees	
Zip 24 324	Country	<sup>Zip</sup> 32401 3	Country	8. This corporation owes or has paid the d		
24 <i>324</i>	O / 25 USA 9. Name and Address of Current F	29 3×401 3	O USA	Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No	
Lite	<del></del>	registereo Agent	81 Name	10, Name and Address of New Registers	g Agent	
	ILL, EUGENE M		UT Name			
1102 WEST CALABRIA ROAD PANAMA CITY FL 32405			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			83		·	
			<u> </u>			
			84 City	F	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 pursose 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 temiliar with, and accept the obligations of, Section 607,0505. Florida Statutes.						
SIGNATURE	Signature typed or printed name of registered agent a	nd title 4 applicable (NOTE:	Registered Agent signature requi	ired when reinstating) DATE	<del></del>	
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	HILL, EUGENE M		12 NAME			
STREET ADDRESS	1102 WEST CALABRIA ROAD		1.3 STREET ADDRESS		[,	
CITY-ST-ZIP	PANAMA CITY FL 32405		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2. 4 CiTY - ST - ZtP			
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			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		J	
CITY-ST-ZIP		Driete	4.4 CITY - ST - ZIP		Change Literary	
TITLE .		☐ DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME		ļ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		T) ACTEIR	6.1 TITLE		☐ CHANGE ☐ MODICION	
NAME	<b>!</b>		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
14. I bereby o	perify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07(3Vi) Florida Statutes I further	certify that the information	
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.						