Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90042 044 ***150.00

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 # P97000081621

BIG "O"	REPAIRS INC.				<i>></i>				
Principal Place	e of Business	Mailing Address				(1001100) (10 10111 12911 12111 1011	** ***** ***** **		
2601 DAWLEY ST P. O. BOX 1350									
ORLANDO FL 32806 ORLANDO FL 32802 US						DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed			
						09/19/1997			.
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21		26				59-34704 <u>03</u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional
22	<u> </u>	27				3. Certificate of Status Dasires		Fee	Required
City & State	e	City & State	1	750	7	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	_	intry	i	8. This corporation owes the curre	ent year Inta	ıngible □ Yes	□No
24	[25]	29	30	1		Personal Property Tax. 10. Name and Address of New R	logistered (
	9. Name and Address of Curre	ent Registered Agent		81	Name	to. Name and Address of New P	egistered A	-yeiit	
Will	.is, J. Owen			Ľ					
2601 DAWLEY ST					Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
ORLANDO FL 32806					:				
J				83					
				84	City		FL	85 Z	ip Code
l office or r	to the provisions of Sections 607.03 egistered agent, or both, in the Stat in familiar with, and accept the oblig	e of Florida. Such change w	as autnorized	o by	tne corporation	oration submits this statement for the on's board of directors. I hereby accep	purpose of on the appoint	changing itment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Registered	Ager	nt signature require		DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELET	E 1,1 TI	TLE				☐ Chanç	ge 🗀 Addition
NAME	WILLIS, J. OWEN		1.2 N						ĺ
STREET ADDRESS	2601 DAWLEY ST		1.3 S	REE	TADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806				ST-ZIP				- [Addition
TITLE		☐ DELET			•			☐ Chang	ge 🗀 Addition
NAME .			2.2 N	AME	ŀ				
STREET ADDRESS			2.3 \$	TREE	TADDRESS				ì
CITY-ST-ZIP					ST-ZIP			Chan	Addition
TITLE		☐ DELET						☐ Chan	ge
NAME			3.2 N						
STREET ADDRESS	,		3.3 S	TREE	TADDRESS				
CITY-ST-ZIP					ST-ZIP				no Claudition
TITLE		DELET		TLE .				☐ Chan	ge 🗌 Addition
NAME .			4.21						
STREET ADDRESS	,		1		TADDRESS				
CITY-ST-ZIP				_	ST-ZIP				A data
TITLE		☐ DELET						Chang	ge
NAME			5.2 N						
STREET ADDRESS					TADORESS				
CITY-ST-ZIP			5.4 C	ITY-S	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 occiver of 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 chapped, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

TOWER WILLIS PRESIDENT NAME OF MIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition