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PROFIT CORPORATION ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082020 (3)

PINKLEY'S AUTO WORLD, INC.

Principal Place of Business

Mailing Address

FILED Jul 01 1998 8:00am Secretary of State



3701 OKEECHOBEE RD 3701 OKEECHOBEE RD FT PIERCE FL 34947 FT PIERCE FL 34947 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 09/22/1997 FEI Number 65-0781743 Principal Place of Business Mailing Address Applied For Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible ☐ No Personal Property Tax due June 30. Yes 24 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name · PINKLEY, RAY 3701 OKEECHOBEE RD Street Address (P.O. Box Number is Not Acceptable) 82 FT PIERCS FL 34947 83 Zip Code RΔ City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS Addition DELETE Change TITLE 1.1 TITLE PINKLEY, RAY 1.2 NAME NAME 3701 OKEECHOBEE RD STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE FL 34947 1.4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE NAME 4, 2 NAME 4.3 STREE1 ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY+ST-ZIP Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Thereby 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.

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