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 # P97000090597

HANSON'S AUTOMOTIVE SERVICES, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90044 022 ***150.00



Principal Place of Business Mailing Address						TOLIA LALLI ARIDI DILLA	10111 1001 1001	
118 SOUTH MYRTLE AVENUE 118 SOUTH MYRTLE AVENUE SANFORD FL 32771 SANFORD FL 32771					DO NOT WRITE IN 1	THIS SPACE		
					Date Incorporated or Qualifed 10/21/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For	
21 26					59-3475033		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	* *	Additional equired	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees	
Zip			Country	,	8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax.			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
HANSON, NORMAN R			81	81 Name				
118 SOUTH MYRTLE AVENUE SANFORD FL 32771			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
			83					
			84	City		FL 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☐ DELETE	1.1 TITLE			Change	, Addition	
NAME	HANSON, NORMAN R		1.2 NAME		# 1 - 28 1 1 1 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, and the	,, ,	
STREET ADDRESS	118 SOUTH MYRTLE AVENUE		1.3 STREE	TADDRESS				
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-S	T-ZIP			,	
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADORESS		•		
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETÉ	3.1 TITLE			Change	Addition	
NAME	•		3.2 NAME	-				
STREET ADDRESS			3.3 STREE	TADDRESS	Secretarian Secretarian	gradient signer		
CITY-ST-ZIP			3.4. CITY-8	ST-ZIP	The state of the s		Addition	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	` · [] Addition	
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NAME				TADORESS	•			
STREET ADDRESS			5.4 CITY-S	1				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		- •	☐ Change	☐ Addition	
NAME			6.2 NAME				_	
				T ADDRESS		•		
STREET ADDRESS				<u></u>			,	

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.

CITY-ST-ZIP