

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 03, 1999 8:00 am  
Secretary of State

03-03-1999 90055 040 \*\*\*150.00

DOCUMENT # P97000091526

1. Corporation Name  
SUNWET CAR CARE CENTER, INC.



Principal Place of Business  
3051 GULF BREEZE PKWY  
GULF BREEZE FL 32561  
US

Mailing Address  
4124 MADURA SEVEN  
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/23/1997

4. FEI Number  
59-3473224

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 3061 Gulf Breeze Pkwy  
Suite, Apt. #, etc.

22 City & State  
23 Gulf Breeze

24 Zip 25 Country

2a. Mailing Address

26 3061 Gulf Breeze Pkwy  
Suite, Apt. #, etc.

27 City & State

28 Gulf Breeze FL  
29 Zip 30 Country U.S.

9. Name and Address of Current Registered Agent

ARDIZZONE, JERRY R  
4124 MADURA SEVEN  
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name L.A. Woodall  
82 Street Address (P.O. Box Number is Not Acceptable)  
3061 Gulf Breeze Pkwy  
83  
84 City Gulf Breeze FL 85 Zip Code 32561

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)

2/9/99

12. OFFICERS AND DIRECTORS

TITLE DVTS  
NAME ARDIZZONE, JERRY R  
STREET ADDRESS 4124 MADURA SEVEN  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE DP  
NAME KASLER, JAMES F  
STREET ADDRESS 4123 MADURA SEVEN  
CITY-ST-ZIP GULF BREEZE FL 32561

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 850-932-6364

CR2E034 (11/98)