## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 01 1998 8:00am

Secretary of State

Sandra 13, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095922 (5)

G & G USED AUTO PARTS. INC. Principal Place of Business Mailing Address 265 STATE ROAD 62 EAST 265 STATE ROAD 62 EAST **BOWLING GREEN FL 33834 BOWLING GREEN FL 33834** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/07/1997</u> 2, Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žiρ Zip Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 30 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name GRANERE, RICHARD 7102 BROOKLINE AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34951 83 84 City 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, typed or printed native of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition **GRANERE, RICHARD** NAME 1.2 NAME 7102 BROOKLINE AVE. STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL 34951 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME **GRANERE, NANCY** 2.2 NAME 7102 BROOKLINE AVE. STREET ADDRESS 2.3 STREET ADDRESS FT. PIERCE FL 34951 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change ☐ Addition TITLE 3 1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ■ Addition 6.2 NAME 63 STREET ADDRESS

1-1- Allere 4-29-98 941 773-3575

6.4 CITY-ST-ZIP

14. 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 ophycoration for the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 to Append on the proportion of the receiver of the proportion of the receiver of the proportion of the proporti