

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000098788**

1. Corporation Name

FAMILY VALUE AUTOMOTIVE, INC.

Principal Place of Business

**1765 SOUTH SUNCOAST BOULEVARD
HOMOSASSA FL 32646
US**

Mailing Address

**1919 SOUTH POST ROAD
INDIANAPOLIS IN 46239
US**

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90016 030 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

65-0794586

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.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**LABARBERA, MICHAEL D
1907 W KENNEDY BLVD
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

Michael J. Daily Keith Hockett

82 Street Address (P.O. Box Number is Not Acceptable)

1919 S. Post Road 6005 E 24th Street

83

84 City

Bradenton

FL

85 Zip Code

34203

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.

Keith Hockett, President

8-3-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **HOCKETT, KEITH**
STREET ADDRESS **6005 E 24 STREET**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **AS** ☒ DELETE
NAME **WEAVER, TRINI**
STREET ADDRESS **1765 SOUTH-SUNCOAST-BOULEVARD**
CITY-ST-ZIP **HOMOSASSA FL 32646**

TITLE **T** ☐ DELETE
NAME **DAILY, MICHAEL T**
STREET ADDRESS **1919 S. POST ROAD**
CITY-ST-ZIP **INDIANAPOLIS IL 46239**

TITLE **D** ☐ DELETE
NAME **HOCKETT, MICHAEL**
STREET ADDRESS **1919 S. POST ROAD**
CITY-ST-ZIP **INDIANAPOLIS IL 46239**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **AS** ☐ Change ☒ Addition
1.2 NAME **Pam Halderman**
1.3 STREET ADDRESS **6005 E 24 street**
1.4 CITY-ST-ZIP **Bradenton FL 34203**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

Michael J. Daily, Treasurer

8-3-99

(317) 862-7320

CR2E034 (5/99)