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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000103442 (4)

BENNETT'S MOBILE CAR CARE, INC.

FILED Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						DEIBO HIKI EIEH DIOKO IIDI IODI
287 COUNTY ROAD 140 287 COUNTY ROAD 140 BUNNELL FL 32110 BUNNELL FL 32110)			
DOMMETER AT ASSIS					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 12/08/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26 Rt 1 Box 2/7-				59-3477448	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e					5. Certificate of Status Desired	\$8.75 Additional
22			Rd. 19	10	5. Certificate of Status Desired	Fee Required
City & State City & Sta					6. Election Campaign Financing	\$5.00 May Be
23	28 Bunnell F		1-1		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	— — — — — — — — — — — — — — — — — — —		8. This corporation owes or has paid the	_ ` _ `
24	25	29 321/0	30		Personal Property Tax due June 30. 10. Name and Address of New Registers	∐ Yes ☐ No
9, Name and Address of Current Registered Agent PENINETT IAMES D 81 Name					10. Name and Address of New Hegisters	o Agent
BENNETT, JAMES R				Name		
287 COUNTY ROAD 140			[4	Street Add	ress (P.O. Box Number is Not Acceptable)	
1	BUNNELL FL 32110		L	13		
				,		1
			1	14 City	F	85 Zip Code
11. Pursuar office o	nt to the provisions of Sections 60's registered agent, or both, in the	7.0502 and 607.1508, Florida Statut State of Florida, Such change was a	es, the about	by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE		obligations of, Section 607.0000, Fit	onoa siaid	(ES.		
Signature: typed or printed name of registered agent and title if applicable (NOTE: Regi				Agent signature requi	ired when reinstating) DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	_		1.1 TITL	ł		☐ Change ☐ Addition
NAME	ANT COUNTY DOAD AND DOTE A DOV ANT O		1.2 NAN	į.		
STREET ADDRESS	1	i, RIE. I, BUX 211-3		ET ADDRESS		į į
CITY-ST-ZIP	T			-ST-ZIP		Change Addition
TITLE			2.1 TITL 2.2 NAM			L Change L Addition
NAME	ANT COLUMN BOAD AND DEE A BOY OAT O					
STREET ADDRESS	BUNNELL FL 32110	7, NIE. 1, BOX 217-3	•	EET ADDRESS		}
CITY-ST-ZIP	D	DELETE	2. 4 UII 3.1 TITL	r-st-zip		Change Addition
TITLE NAME	KING, HERSCHEL					C alignate C vocation
) RTF 1 ROY 217-3	3.2 NAA			
	BUNNELL CL COLLO			EET ADDRESS		
CITY-ST-ZIP TITLE	DOMMERE I C DE I TO	DELETE	4,1 TITL	Y-ST-ZIP		Change Addition
NAME			4. 2 NA			El cumilo El vocino
	,			ľ		
STREET ADDRESS	³			ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 TITL	-ST-ZIP		Change Addition
NAME	-			1		E Chango E radinoli
STREET ADDRESS			5.2 NAM 5.3 STR	ET ADDRESS		
	3		1			
CITY-ST-ZIP TITLE		DELETE	6.1 TITL	- ST - ZIP		☐ Change ☐ Addition
NAME			6.2 NAM			ominge number
				et addæss		İ
STREET ADDRESS CITY-ST-ZIP	'					
	certify that the information supplied	ind with this filing does not qualify to		-ST-ZIP	Section 119 07(3)(i) Florida Statutes I further	certify that the information

Indicated on this annual report or supplied with this ming obes not quality for the exemptor stated in Section 118.07(5)(f), Florida Statutes. Turnial centry 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.