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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P97000104805 (1)

JOHNNY'S AUTOMOTIVE, TRUCK, & DIESEL REPAIR, INC

Block 12 or Block 13 if changed, or on an attachment with an address

Principal Place of Business

Mailing Address

840 NW 34TH STREET **OAKLAND PARK FL 33309** 840 NW 34TH STREET

FILED Feb 18 1998 8:00am Secretary of State



OAKLAND PARK FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/12/1997</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0800159 21 3565 M N.W. 9th Terrace 26 840 NM 34 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Cakland fark 28 Oa Kland Park, PI Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible <u>۵</u>۵۸ 25 33309 29 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Rule. Doris 840 NW 34TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33309 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10/91 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE PD DELETE 1.1 TITLE Change Addition NAME RULE, DORIS 1.2 NAME STREET ADDRESS 840 NW 34TH STREET 1.3 STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 33309 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 THILE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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