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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108091 (4)

BILL MAY AUTOMOTIVE, INC.

Principal Place of Business Mailing Address 30100 STATE RD. 19 SOUTH 30100 STATE RD. 19 SOUTH S. TAVARES FL 32778 S. TAVARES FL 32778 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-348969 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible YESNOME DUE 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCDANIEL, MARY M 226 W. ALFRED ST. Street Address (P.O. Box Number is Not Acceptable) **TAVARES FL 32778** 83 City 84 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. I DIRECTOR DELETE 1.1 TITLE Change Addition TITLE NAME 1.2 NAME LANE STREET ADDRESS 11633 1.3 STREET ADDRESS 32778 TAVARES 1.4 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT/DIRECTOR DELETE Addition Change 21 TITLE TITL F MARY LOU NAME 2.2 NAME 11633 LANE STREET ADDRESS 2 3 STREET ADDRESS 32778 TAVARES, FL CITY - ST - ZIP 2 4 CITY-ST-ZIP DELFTE TITLE 31 TOLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP Change DELETE Addition TITLE 51 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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.

6.4 CITY-ST-ZIP

SIGNATURE: X 1

CITY-ST-ZIP

x2/20/98

**FILED** 

Feb 24 1998 8:00am

Secretary of State