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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800003235

RAILEY'S DIAL A GOLF CAR MECHANIC, INC.

									/I 11 1106 illi		
Principal Place of Business Mailing Address											
1704 LITHIA PINECREST ROAD BRANDON FL 33511 1704 LITHIA PINECREST ROAD BRANDON FL 33511			AD		- [
						DO NOT WRITE IN THIS SPACE					
					-	3. Date Incorp					
					- 1	01/12/19					
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	r			App	lied For
21		26				59-3	4866	33		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate o			\$8.	75 A	dditional
27						5. Certificate o	- Status Desire	<u> </u>	F	ee Req	uired
City & State	City & State	State			6. Election Ca	mpaign Financ	ing □			May Be	
23		28				Trust Fund	Contribution		Ac	ded to	Fees
Zip	Country	Zip	_ Country			8. This corpora		current year l			٦
24	25 29 30						Personal Property Tax. MYes □ No Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Registered Agent	81	Na		10. Name and	Address of No	w Registere	a Agent		
AMERILAWYER				Na	me						
343 ALMERIA AVENUE			82	Str	eet Addres	s (P.O. Box Nun	nber is Not Acc	eptable)			
CORAL GABLES FL 33134			83								
001.			83								
				Cit	у			F	85	Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the						ntion submits thi	s etatament for			na ite r	onistered
office or re	egistered agent or both in the State	e of Florida. Such change was aut	horized by	the c	orporation	's board of direct	ors. I hereby a	ccept the app	ointment	as reg	istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Floric	da Statutes								
SIGNATURE	Signature, typed or printed name of registered ag	AIOTE: E	Parietered Ager	d piana	ture required w	men reinstating)		DATE			
12.		ND DIRECTORS	13.	it signa	ibre requires in		CHANGES TO	OFFICERS A	AND DIR	ECTOF	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE						☐ Ch		Addition
NAME	RAILEY, JUNE E		1.2 NAME								
STREET ADDRESS	1704 LITHIA PINECREST ROA	√ D	1.3 STREET	T ADDR	æss .						
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY-S	T- ZIP						•	
TITLE	VD	☐ DELETE	2.1 TITLE			•		1	☐ Ch	ange	Addition
NAME	RAILEY, GEORGE D SR		2.2 NAME		1						
STREET ADDRESS	1704 LITHIA PINECREST ROA	∤D	2.3 STREET	TADDR	RESS .	,	*	`	·		
CITY-ST-ZIP	BRANDON FL 33511		2. 4 CITY- S	T-ZIP							<u> </u>
TITLE		☐ DELETE	3.1 TITLE			-			☐] Ch	.ange	☐ Addition
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET	TADDR	₹ESS						
CITY-ST-ZIP_			3.4. CITY- 5	ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE						Ch	ange	Addition Addition
NAME			4. 2 NAME					,			•
STREET ADDRESS			4.3 STREE	TADOR	ÆSS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	\bot	<u>.</u>	**				
TITLE		☐ DELETE	5.1 TITLE						Ch	ange	Addition

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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADORESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ Addition

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90023 044 ***150.00