FILED Feb 21, 1999 8:00 am

Secretary of State

02-21-1999 90058 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000012860

1. Corporation Name

MOFFAT AUTOMOTIVE GROUP, INC.

2904 SE WAALER STREET

STUART FL 34996

Principal Place of Business		Mailing Address			1 158(151) in intel later and
2904 SE WAALER STREET STUART FL 34996		2904 SE WAALER STREET STUART FL 34996			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 02/09/1998
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number (a5-08 28439 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 30	Country	y	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
9. Name and Address of Current Registered Agent			<u> </u>		10. Name and Address of New Registered Agent
DOVIE, GEORGE F III 555 COLORADO AVE STUART FL 34995			81	Street	Address (P.O. Box Number is Not Acceptable)
			84	'	FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	of Florida. Such change was auth	iorized by	the cord	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature	required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOFFAT, B J		1.2 NAME		
STREET ADDRESS	2904 SE WAALER STREET		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	STUART FL 34996		1.4 CITY-5	ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	MOFFAT, JANE E		2.2 NAME		

5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY- ST- ZIP Change Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

DELETE

☐ DELETE

☐ DELETE

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 supplied with this liming does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the intornation 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.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

☐ Change

Change

Change

☐ Addition

Addition

Addition

CR2E034 (11/98)