


**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90141 017 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000016336**

1. Corporation Name

**DILLON'S SPEEDOMETER REPAIR & CALIBRATION SERVICE, INC.**

Principal Place of Business

**425 33RD AVENUE N.  
ST. PETERSBURG FL 33704**

Mailing Address

**425 33RD AVENUE N.  
ST. PETERSBURG FL 33704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1998

4. FEI Number

59-349-3545

Applied For

Not Applicable

5. Certificate of Status Desired

☐
**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐
**\$5.00** May Be  
Added to Fees

 8. This corporation owes the current year Intangible  
Personal Property Tax.
☐

Yes

☐

No

2. Principal Place of Business

**21 Suite, Apt. #, etc.**
**22 City & State**
**23 Zip**
**25 Country**

2a. Mailing Address

**26 Suite, Apt. #, etc.**
**27 City & State**
**28 Zip**
**30 Country**

9. Name and Address of Current Registered Agent

**ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD. SUITE A  
SEMINOLE FL 33777**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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)

DATE:

12. **Presd.** OFFICERS AND DIRECTORS
**DILLON, William** ☐ DELETE  
**425-33 AVE No.**  
**ST. PETERSBURG, FL 33704**
**DELETE**  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DELETE**  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DELETE**  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DELETE**  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DELETE**  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

 2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Mar 727-827086

CR2E034 (11/98)