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 # P98000034605 1. Corporation Name

J. H. QUALITY CARS, INC.

Mailing Address	
124 W MAIN ST Apopka Fl 32703	•
	124 W MAIN ST

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90287 029 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed	
	grander with the second of	****		-	04/17/1998	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	•	26				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		`		
City & Stat	re .	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	Intangible
24	25	29	0		Personal Property Tax.	☐ Yes ☐ No
<u></u>	9. Name and Address of Current				10. Name and Address of New Register	red Agent
			81	1 Name		
HAR	TWELL, PEGGY		_	<u> </u>	 	
124	w main st		82	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
APO	PKA FL 32703		83	3	,	
	•		84	4 City		85 Zip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	f Florida. Such change was auth	horized bi	v the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ro	egistered Age	ent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1,1 TITLE			☐ Change ☐ Addition
NAME	CHESBRO, WESLEY		1.2 NAME			
STREET ADDRESS			13 STREE	ET ADDRESS		
	ORLANDO FL 32825		1,4 CITY-			
CITY-ST-ZIP TITLE	VID	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
	· · · · · ·	, 13 526412	2.2 NAME	- 1		•
NAME	HARTWELL, JAMES	•				
STREET ADDRESS	1	4		ET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3271	DELETE	2. 4 CITY-			Change Addition
TITLE	,	CT DECE15	3.1 TITLE	}		C overigo C version
NAME			3.2 NAME	ļ		
STREET ADDRESS			3.3 STREE	ET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	3.4. CITY-			☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	Ļ		Change Addition
NAME			4. 2 NAME	Ē		
STREET ADDRESS	}		4.3 STREI	ET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP		
TITLE	1	☐ DELÉTE	5.1 TITLE			Change Addition
NAME	}		5.2 NAME			•
STREET ADDRESS	Para 10 d		5.3 STREE	ET ADDRESS .		
CITY-ST-ZIP	A JAMES TO STATE OF S		5.4 CITY-	ST-ZIP		
TITLE	property (%)	☐ DELETE	6.1 TITLE			Change Addition
NAME	ALT THE		6.2 NAME	:		
STREET ADDRESS	·		6.3 STREI	ET ADDRESS	• .	

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SAMES HARTHAL 4-2699 407-880-4660