Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90197 032 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

RERT WAI TON AUTOMOTIVE SERVICE INC

DENI W	ALTON AUTOMOTIVE SE	HVICE HVC							
Principal Flace	e of Business	Mailing Address					Marti Matti Marti Mesad e		
l	DE LEON BLVD.	3726 N PONCE	DE LEON B	BLVO.					
ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084							DB A GE		
						3. Date Incorporated or Qu	T WRITE IN THIS	SPACE	
	_					04/15/1998	Jameo		
2. Principal Pl	lace of Business	2a. Mailing Add	lress			4, FEI Number		<b>├</b>	Ap olied For
21		26				59-3423374			Not Applicable
Suite, /.pt.	#, etc.	Suite, Apt. #	‡, etc.			5. Certificate of Status Des	ired 🗌	-	- Additional≠ Required
22	<del></del>	27							
City & Stat	te	City & State	9			6. Election Campaign Fina Trust Fund Contribution	.   1		May Be
23 Zin	Country	28 Zip		Country		8. This corporation owes to	<del>`                                      </del>		1171 663
Zip		29	1	30		Personal Property Tax.	ne current year mia	Yes	□No
24	9. Name and Address of Cu			30		10. Name and Address of	New Register ad		
	g. Name and Admess of Cu	itent Registered Agent		81	Name	10		•	
W/AL	.ton, albert s								
	DELESPINE AVENUE			82	Street /	Address (P.O. Box Number is Not A	Acceptable)		
1	AUGUSTINE FL 32095			83					
								,	
				84	City		E:I	85 Zip	o Code
A Burney and	to the provisions of Sections 607	050 ) and 607 1508. Flor	rida Stat ıtı	as the ahove	a-named	corporation submits this statement	for the purpose of	hanging i	ts registered
office or r	registered agent, or both, in the St	ate of Florida, Such chai	nde was at	uthorized by	the corpo	oration's board of directors. I hereb	y accept the appoir	tment as	registered
agent La	m familiar with, and accept the ob	iliga ions of, Section 607	.0505, F'oi	rida Statutes		•			
agont ra									
SIGNATURE	Albert S. Walt	On				x uired when reinstating	/15/99 <sub>DATE</sub> —		
SIGNATURE	Signature, typed or printed name of registered	1 ager t and title if applicable.		: Registered Ager		A dilog whom remotering		D DIRECT	FORS IN 12
_	Signature, typed or printed name of registered	ager t and title if applicable.  AND DIRECTORS				ADDITIONS/CHANGES		D DIRECT	FORS IN 12
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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 pertify 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Albert S. Walton

(904) 826-4001