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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800037145

1. Corporation PAYLESS	S AUTO SALES OF LEE CO									
Principal Place	of Business	Mailing Address					. E 10031001: 1t# candt sacin asint antit natur ance	7 sitti (880) (1 0 1) 6 1		
2504 FOWLER ST. 2504 FOWLER ST.							•			
FT.MYERS FL 33901 FT.MYERS FL 33901								00405		
							DO NOT WRITE IN THI	SPACE		
							3. Date Incorporated or Qualifed 04/22/1998			
2. Principal Pl	lace of Business .	2a. Mailing Add	ress				4: FEI Number	App	lied For	
21		26					65-0832591	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				5. Certificate of Status Desired	\$8.75 Ad		
22		27						Fee Req		
City & Stat	e	City & State					6. Election Campaign Financing Trust Fund Contribution .	\$5.00 N Added to	- 1	
Zip	Country Zip 25 29			Country 30			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Curren						10. Name and Address of New Registered	Agent		
				81	Name	1	•		1	
WOOD, JAMES				82	Street	Δddree	ss (P.O. Box Number is Not Acceptable)			
2504 FOWLER ST.				02	00000	, riddi ci	-			
FT.MYERS FL 33901				83						
				84	City		<u> </u>	85 Zip C	ode	
				- 1	'		FI	_		
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such char tions of, Section 607.	nge was authoriz 0505, Florida St	zed by tatutes	the corp	ooration	ation submits this statement for the purpose of a board of directors. I hereby accept the appointment of the purpose of the pu	intment as regi	istered	
12.	Signature, typed or printed name of registered age	ID DIRECTORS		3.	nt signature	required v	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	D OFFICERS AN			1 TITLE		T		☐ Change	Addition	
NAME	WOOD, JAMES			2 NAME			•		•	
	2504 FOWLER ST.				TADDRESS					
STREET ADDRESS	FT.MYERS FL 33901			4 CITY-S			•			
CITY-ST-ZIP TITLE	FI.MILHO I C 33301			1 TITLE		+		☐ Change	☐ Addition	
				2 NAME		1	•			
NAME					T ADDRESS		1			
STREET ADDRESS				4 CITY-		<u>'</u>	and the control of the same of the control of the c	•		
CITY-ST-ZIP TITLE				1 TITLE	31-ZP			Change	☐ Addition	
NAME				2 NAME			•	•		
					T ADDRESS					
STREET ADDRESS				4. CITY-5		1				
CITY-ST-ZIP TITLE				1 TITLE	31-211	+		☐ Change	☐ Addition	
NAME				2 NAME						
STREET ADDRESS					TADDRESS	s (
CITY-ST-ZIP				4 CITY-S			•			
TITLE				1 TITLE)1- <u>2</u>			Change		
NAME				2 NAME						
STREET ADDRESS			5.3	3 STREE	T ADDRESS	3		•		
CITY-ST-ZIP		•	5.4	4 CITY-S	ST-ZIP					
TITLE			DELETE 6.	1 TITLE				☐ Change	☐ Addition	
			6:	2 NAME						

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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS