

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

00635

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90003 011 \*\*\*550.00

DOCUMENT # P98000041039

1. Corporation Name

HOMETOWN MOTORS, INC.

Principal Place of Business

241 NE 39TH AVE  
GAINESVILLE FL 32609

Mailing Address

241 NE 39TH AVE  
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

59-3508328

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☒

\$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 2625 N MAIN ST

Suite, Apt. #, etc.

22 #5

City & State

23 GAINESVILLE FL

Zip

24 32609

Country

25 ALACHUA

2a. Mailing Address

26 2625 N MAIN ST

Suite, Apt. #, etc.

27 #5

City & State

28 GAINESVILLE FL

Zip

29 32609

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

GIER, TIM  
241 NE 39TH AVE  
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

GIER, TIM

82 Street Address (P.O. Box Number is OK)

1427 NE 22ND AVE

83 City

G

84 City

GAINESVILLE

FL

85 Zip Code

32609

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
GIER, TIM  
STREET ADDRESS 1427 NE 22ND AVE  
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ DELETE

NAME D  
GIER, TED  
STREET ADDRESS 1118 NW 39TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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

Date

Daytime Phone #

CR2E034 (1/98)