PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90025 025 ***150.00

1999_		
DOCUMENT # 1. Corporation Name	P98000046	658

BENT'S	AUTO CENTER INC.							
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Principal Plac	ce of Business	Malting Address				i fäätteel iis incet intit som sam dam sam	51610 a: 110 a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2009 N. FLORS	DA AVE.	2009 N. FLORIDA AVE.				ł		
TAMPA FL 33802 TAMPA FL 33802					DO NOT WRITE IN THIS	CDACE		
						3. Date incorporated or Qualified	SPAISE	 -
						05/21/1998		Į
A Detection I	Name of Dissipance	2a. Mailing Address				4. FEI Number		Applied For
	Place of Business	28. Wildling Additions				29-204101		Not Applicable
21 Suite Ant	Suite, Apt. #, etc. Suite, Apl. #, etc.		<u> </u>	\$8.7	5 Additional			
22 -		27		100	•	5. Certificate of Status Desired		Required
City & Star		City & State				8. Election Campaign Financing	\$5.0	0 May Be
23	-	28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year in		_ 7
24	25	29	30			Personal Property Tax.	☐ Yes	N ₀
	9. Name and Address of Current	Registered Agent				10, Name and Address of New Registered	Agent	
			ł	81 N	ame			1
ł	IT, VERNON		ŀ	82 S	reet Addre	ss (P.O. Box Number is Not Acceptable)		
1	4 HIGHLAND AVE				•			
j TAN	IPA FL 33603		ĺ	83				ł
}	•		}	84 C	itv		85 Z	p Code
			- 1	1 1 -	-	FL	l I	
11, Pursuant	to the provisions of Sections 607-0502	and 607.1508, Florida Statute	s, the at	bove-na	med corpo	ration submits this statement for the purpose of	changing niment as	its registered
ance or	registered agent, or both, in the State t am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	da Statu	ites.	CON PION BERON	ration submits this statement for the purpose of is board of directors. I hereby accept the appoint		
SIGNATURE		_						
0,0,0,0,0	Signature, typed or printed name of registered agen		_	Agent sign	Alfrica Lectroseq	when reinstating) CATE	ID 01050	TORS IN 12
12.	OFFICERS AN	O DIRECTORS DELETE	13.			ADDITIONS CHANGES TO OFFICERS A	UD DIREC Chang	re □ Addition ∓
TITLE	PRESIDENT	j	1.1 10		1		[] o	
STREET ALDRESS 2009 N Florida AVE			12 NAME				1 8	
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NAME	1		2.2 NA		L		Chang	ye □ Add tion C
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CITY-ST-ZIP .				REET AOD		مستور ديون والمعار	☐ Chang	ye □ Add tion
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. STREET # XORESS		DELETE	2.4 CF 3.1 TIT 3.2 NA	REET AOD TY-ST-ZIF TLE MME	<u>, , , , , , , , , , , , , , , , , , , </u>	and the second second second second	^	
		DELETE	2.4 CF 3.1 TH 3.2 NA 3.3 STI	REET AOD ITY-ST-ZIF I'UE MME REET AOO	RESS	and the second s	^	
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TITLE		☐ DELETE	2.4 CF 3.1 TH 3.2 NA 3.3 STI 3.4. CF 4.1 TE	REET ADD TTY-ST-ZIF TLE MME REET ADD TTY-ST-ZIF TLE	RESS	and the second s	^	ye Addition
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14. Thereby 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:

SUSTAILURE REQUIRED BIGHATURE AND TYPES OF PRENTED HAME OF SIGNING OFFICER OR DIRECTOR