## PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9800050361

1. Corporation Name

LARGO AUTO CENTER, INC.

Principal Place of Business	Mailing Address						
723 WEST BAY DR. LARGO FL 33770-3307	723 WEST BAY DR. LARGO FL 33770-3307		тои од	WRITE IN THIS	S SPACE		
			<ol> <li>Date Incorporated or Qua 06/03/1998</li> </ol>	alifed			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number			Applied Fo	
21	26		59-35153	<u> 354                                    </u>		Not Applica	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desir	red 🗆	•	5 Additiona ERequired	
City & State	City & State		Election Campaign Finan     Trust Fund Contribution	ncing		00 May Be led to Fees	
Zíp Country 24 25	Zip Co	untry	This corporation owes the Personal Property Tax.	e current year Ir	ntangible Yes	_□No	
9. Name and Address of Curre		i	10. Name and Address of N	New Registered	Agent		
SCHULTZ, PHILLIP A		81	Name	<u></u>			
2874 ROSEMARY DR.		82	Street Address (P.O. Box Number is Not Acceptable)				
LARGO FL 33770		83					
		84	City	FI	85 2	Zip Code	

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 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addit 1.1 TITLE TITLE SCHULTZ, PHILLIP A 1.2 NAME NAME 2874 ROSEMARY DR. 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 33770 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additi DELETE 2.1 TITLE TITLE SUTHERIN, ELIZABETH A 2.2 NAME NAME 5403 BROOKMEADE DR. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 2.4 CITY-ST-ZIP CITY-ST-ZIP Additi Change ☐ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additi-DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additic ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Additic ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND THE OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

0-22-99

727)538 4145

**FILED** 

Jun 28, 1999 8:00 am

**Secretary of State** 

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