


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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90044 002 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000051928</b>					
1. Corporation Name <b>AUTO &amp; TRUCK ACCENTS INC.</b>					
Principal Place of Business 11750 ALDEN ROAD #209 JACKSONVILLE FL 32246			Mailing Address 11750 ALDEN ROAD #209 JACKSONVILLE FL 32246		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/03/1998</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3518471</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ELLISON, KENNETH W 11750 ALDEN ROAD #209 JACKSONVILLE FL 32246			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 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	D <input type="checkbox"/> DELETE				
NAME	ELLISON, KENNETH W				
STREET ADDRESS	11750 ALDEN ROAD #209				
CITY-ST-ZIP	JACKSONVILLE FL 32246				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ROGERS, BILL				
STREET ADDRESS	7815 COLEE COVE ROAD				
CITY-ST-ZIP	ST. AUGUSTINE FL 32092				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ROGERS, DORIS				
STREET ADDRESS	7815 COLEE COVE ROAD				
CITY-ST-ZIP	ST. AUGUSTINE FL 32092				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS <b>3476 Indian Creek Blvd</b>					
2.4 CITY-ST-ZIP <b>Jacksonville, FL 32259</b>					
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS <b>3476 Indian Creek Blvd.</b>					
3.4 CITY-ST-ZIP <b>Jacksonville, FL 32259</b>					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, 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 (11/98)

00405961