

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90002 015 ***150.00

DOCUMENT # P98000053707

1. Corporation Name

**PROFESSIONAL ACCIDENT RECONSTRUCTION ASSOCIATES
INC.**



Principal Place of Business
**1645 BARBER ROAD STE E
SARASOTA FL 34240**

Mailing Address
**1645 BARBER ROAD STE E
SARASOTA FL 34240**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLSTENHOLME, GEORGE V
5320 LAURELWOOD PLACE
SARASOTA FL 34232**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WOLSTENHOLME, GEORGE V**
STREET ADDRESS **5320 LAURELWOOD PL**
CITY-ST-ZIP **SARASOTA FL 34232**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

George V. Wolstenholme 7/27/99

CR2E034 (5/99)

0103631

595809-90002-15

P98000053707

Ray M. Wahba
Certified Public Accountant

2542 So. Bascom Avenue #202
Campbell, California 95008
Tel: 408-377-8585
Fax: 408-377-8596

July 9, 1999

Florida Department of State
Division of Corporations
P. O. Box # 1500
Tallahassee, FL 32302-1500

Re: 1999 Profit Corp. Annual report
Professional Accident Reconstruction

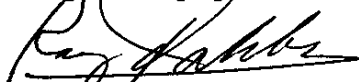
Dear Sir/Madam,

I am writing this letter on behalf of the above noted client with regard to "late filing" of the above mentioned form. The client is a newly formed corporation in Florida in 1998. The First request packet didn't arrive at the taxpayer place of business. The complex has a group of mail boxes in the front of the building, it's entirely possible that the mail was misdelivered to another tenant, and was not given to the client.

Due to the fact that the client is a newly formed corporation, and unaware of the due date of the form and its applicability, I respectfully request that your office abate the penalty of \$400.00 based on the information supplied in this communication.

I am enclosing the aforementioned form, properly signed, along with a check in the amount of \$150.00. Kindly inform the client that this matter is resolved. Your cooperation in this matter is greatly appreciated.

Very truly yours,


Ray M. Wahba, CPA

Encl.