


FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90045 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000063701

1. Corporation Name

PRESTON & SONS AUTOMOTIVE & TRUCK REPAIR INC.

Principal Place of Business

~~3601 FOWLER~~ **3106 Fowler**
 Ft. MYERS FL 33901

Mailing Address

~~3601 FOWLER~~ **3106 Fowler**
 Ft. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1998

2. Principal Place of Business

3106 Fowler

2a. Mailing Address

3106 Fowler

4. FEI Number

65-0848614

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required

City & State

FT MEYERS FL

City & State

FT MEYERS FL

6. Election Campaign Financing

Trust Fund Contribution ☐**\$5.00** May Be Added to Fees

Zip

Country

33901 Lee

Zip

Country

33901 Lee

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRESTON, CAROL S
56 TANGELO COURT
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

Carol S. Preston

(NOTE: Registered Agent signature required when re-registering)

DATE

4-26-9912. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	PRESIDENT
NAME	Charles J. Preston SR
STREET ADDRESS	56 Tangelo Ct
CITY-ST-ZIP	Lehigh Acres FL 33936

TITLE	V. PRESIDENT
NAME	Charles J. Preston JR
STREET ADDRESS	1709 Margate Blvd
CITY-ST-ZIP	Lehigh Acres FL 33936

TITLE	Secy
NAME	Carol S. Preston
STREET ADDRESS	56 Tangelo Ct
CITY-ST-ZIP	Lehigh Acres FL 33936

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol S. Preston* **CAROL S. Preston** **1/12/99** **941-939-3008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)