

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90071 018 ***150.00

DOCUMENT # P98000066397

1. Corporation Name
BILLY'S AUTO SALES, INC.

Principal Place of Business

11511 US HIGHWAY 19
SUITE B
PORT RICHEY FL 34668

Mailing Address

11511 US HIGHWAY 19
SUITE B
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1998

4. FEI Number

59-3524450

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 Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 3482 Commercial Way

Suite, Apt. #, etc.

22 Suite A

City & State

23 Spring Hill, FL

Zip

24 34606

Country

25 USA

2a. Mailing Address

26 3482 Commercial Way

Suite, Apt. #, etc.

27 Suite A

City & State

28 Spring Hill, FL

Zip

29 34606

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Dyer, Kimberly Anne

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

3482 Commercial Way

83

Suite A

84 City

Spring Hill

FL

85 Zip Code
34606

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

Kimberly Anne Dyer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/99

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	TSONPANIDIS, WILLIAM J	
STREET ADDRESS	11511 US HIGHWAY 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
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
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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	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dyer, Kimberly Anne	
1.3 STREET ADDRESS	3482 Commercial Way, Suite A	
1.4 CITY-ST-ZIP	Spring Hill, FL 34606	
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:

Kimberly Anne Dyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99 352-666-6614
Date Daytime Phone #

CR2E034 (11/98)