

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 10, 1999 8:00 am  
Secretary of State

03-10-1999 90266 014 \*\*\*150.00

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DOCUMENT # P98000068048

1. Corporation Name

AUTO TRUCK WAREHOUSE U.S.A., INC.



Principal Place of Business

8379 RAMBLING RIVER DR.  
SANFORD FL 32771

Mailing Address

8379 RAMBLING RIVER DR.  
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1998

4. FEI Number

59-3528864

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 1694 TIMOCWAN WAY

Suite, Apt. #, etc.

22 UNIT # 150

City & State

23 LONGWOOD, FL

Zip

24 32750

Country

25 FLORIDA

2a. Mailing Address

26 1694 TIMOCWAN WAY

Suite, Apt. #, etc.

27 UNIT # 150

City & State

28 LONGWOOD, FL

Zip

29 32750

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

BOOMER, GEORGE B SR.

8379 RAMBLING RIVER DR.

SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

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

1694 TIMOCWAN WAY

83 UNIT # 150

84 City

LONGWOOD

FL

85 Zip Code

32750

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 ☐ DELETE

NAME BOOMER, GEORGE B SR.

STREET ADDRESS 8379 RAMBLING RIVER DR.

CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~PRESIDENT~~ P/S/T ☐ Change ☒ Addition

1.2 NAME

1694 TIMOCWAN WAY # 150

1.3 STREET ADDRESS LONGWOOD, FL 32750

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE

✓ GEORGE B BOOMER JR

1694 TIMOCWAN WAY # 150

2.2 NAME LONGWOOD, FL 32750

2.3 STREET ADDRESS ☐ Change ☒ Addition

2.4 CITY-ST-ZIP

3.1 TITLE

D

3.2 NAME ☐ Change ☒ Addition

3.3 STREET ADDRESS

1694 TIMOCWAN WAY # 150

3.4 CITY-ST-ZIP LONGWOOD, FL 32750

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

Signature of George Boomer Sr. 5/3/99 407 767-9252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)