

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90196 024 \*\*\*150.00

DOCUMENT # P98000076142

1. Corporation Name

L'MARK FLEET REPAIR INC.

Principal Place of Business

4613 CYPRESS COURT  
TALLAHASSEE FL 32303

Mailing Address

4613 CYPRESS COURT  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1998

4. FEI Number

59 3575106

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 3553 North Ride Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 3553 North Ride Drive  
Suite, Apt. #, etc.

City & State

23 Jacksonville FL

Zip Country

24 32223 25 Dural

City & State

28 Jacksonville FL

Zip Country

29 32223 30 Dural

9. Name and Address of Current Registered Agent

LEWIS, WILLIAM T  
4613 CYPRESS COURT  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name William T. Lewis  
82 Street Address (P.O. Box Number is Not Acceptable)  
3553 North Ride Drive

84 City Jacksonville FL 85 Zip Code 32223

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

4-27-99

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME LEWIS, WILLIAM T  
STREET ADDRESS 4613 CYPRESS COURT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ST ☐ DELETE

NAME LEWIS, SUSAN  
STREET ADDRESS 4613 CYPRESS COURT  
CITY-ST-ZIP TALLAHASSEE FL 32303

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 PVD ☒ Change ☐ Addition

1.2 NAME William T. Lewis  
1.3 STREET ADDRESS 3553 North Ride Dr.  
1.4 CITY-ST-ZIP Jacksonville FL 32223

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME Susan Lewis  
2.3 STREET ADDRESS 3553 North Ride Dr.  
2.4 CITY-ST-ZIP Jacksonville FL 32223

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Wm. T. Lewis

4-27-99

Date

Daytime Phone #

CR2E034 (11/98)

0050348